## Missouri Long Term Care Facilities Directory

## **ADAIR**

ARBORS AT HIGHLAND CREST - A 620 GILASPY ROAD	alementers Assisted Liv	Telephone	(660) 627-8004	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-4678	Level of Care	ALF**	Bed Capacity	28
Mailing Address 620 GILASPY RD	WO 03301-4078	County	ADAIR	DMH Licensed	Zo No
KIRKSVILLE	MO 63501-4678	Region 5	ADAIR	Facility Number	23608
KIKKS VILLE	WO 03301-4078	Kegion 3		Facility Number	23008
HIGHLAND CREST - ASSISTED LI	VING BY AMERICARE				
2204 S HALLIBURTON ST		Telephone	(660) 627-8004	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4651	Level of Care	ALF**	<b>Bed Capacity</b>	42
Mailing Address 2204 S HALLIBURTO	ON ST	County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-4651	Region 5		Facility Number	16785
KIRKSVILLE MANOR CARE CENT	TER				
1705 EAST LAHARPE		Telephone	(660) 665-3774	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-3927	Level of Care	SNF	Bed Capacity	132
Mailing Address 1705 EAST LAHARP	PE	County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-3927	Region 5	Medicare/Medicaid	Facility Number	04161
PREFERRED FAMILY HEALTHCA	RE. INC				
900 EAST LAHARPE	,	Telephone	(660) 665-1962	Alzheimer's Unit	No
KIRKSVILLE	MO 63501-4520	Level of Care	RCF*	Bed Capacity	57
Mailing Address PO BOX 767	05501 1520	County	ADAIR	DMH Licensed	Yes
KIRKSVILLE	MO 63501-0767	Region 5	122122	Facility Number	21851
Michie VIELE	1.10 03301 0707	Region 3		racinty ranner	21031
TWIN PINES ADULT CARE CENTE	ER .				
316 SOUTH OSTEOPATHY STREET		Telephone	(660) 665-2887	Alzheimer's Unit	Yes
KIRKSVILLE	MO 63501-1446	Level of Care	SNF	Bed Capacity	152
Mailing Address 316 S. OSTEOPATH	Y ST	County	ADAIR	DMH Licensed	No
KIRKSVILLE	MO 63501-1446	Region 5	Medicare/Medicaid	Facility Number	08218
	ı	ANDREW			
LA VERNA VILLAGE NURSING HO	DME				
904 HALL AVENUE		Telephone	(816) 324-3185	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-1952	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 279		County	ANDREW	DMH Licensed	No
SAVANNAH	MO 64485-0279	·	Medicare/Medicaid	Facility Number	04478
SHADY LAWN LIVING CENTER					
13277 STATE ROUTE D		Telephone	(816) 324-5991	Alzheimer's Unit	Yes
SAVANNAH	MO 64485-9431	Level of Care	SNF	Bed Capacity	88
			ANDREW	DMH Licensed	No
Mailing Address 13277 STATE ROUT SAVANNAH	MO 64485-9431	County  Pagin 4			
SAVANNAH		Region 4	Medicare/Medicaid	Facility Number	07147
	A	TCHISON			
PLEASANT VIEW					
470 RAINBOW DRIVE		Telephone	(660) 744-6252	Alzheimer's Unit	No
ROCK PORT	MO 64482-1641	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 273		County	ATCHISON	DMH Licensed	No

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300 CEDAR ST			Telephone	(660) 736-4116	Alzheimer's Unit	No
TARKIO	MO	64491-1174	Level of Care	SNF	<b>Bed Capacity</b>	95
Mailing Address 300 CEDAR ST			County	ATCHISON	DMH Licensed	No
TARKIO	MO	64491-1174	Region 4	Medicare/Medicaid	Facility Number	00494
		AUDR	AIN			
ARBORS AT LAKEVIEW BEND - A	SSISTI	ED LIVING BY AMERICARE, T	HE			
1700 ASBURY CIRCLE WEST			Telephone	(573) 581-8777	Alzheimer's Unit	Yes
MEXICO	MO	65265-1400	Level of Care	ALF**	<b>Bed Capacity</b>	33
Mailing Address 1722 HUNTINGFIEL	D DR		County	AUDRAIN	DMH Licensed	No
MEXICO	MO	65265-3808	Region 5		Facility Number	13544
COUNTRYSIDE MANOR						
1415 E US HIGHWAY 54			Telephone	(573) 594-6215	Alzheimer's Unit	No
VANDALIA	MO	63382-2908	Level of Care	ALF	<b>Bed Capacity</b>	18
Mailing Address 1415 E US HIGHWA	Y 54		County	AUDRAIN	DMH Licensed	Yes
VANDALIA	MO	63382-2908	Region 5		Facility Number	11483
ESSEX OF MEXICO, THE						
1109 OLD FARM ROAD WEST			Telephone	(573) 581-5223	Alzheimer's Unit	No
MEXICO	MO	65265-3250	Level of Care	RCF	Bed Capacity	12
Mailing Address 1109 OLD FARM RI	) WEST		County	AUDRAIN	DMH Licensed	No
MEXICO	MO	65265-3250	Region 5		Facility Number	24425
GOLDEN LIVINGCENTER - PIN O	AKS					
1525 WEST MONROE ST			Telephone	(573) 581-7261	Alzheimer's Unit	No
MEXICO	MO	65265-1201	Level of Care	SNF	Bed Capacity	124
Mailing Address 1525 WEST MONRO	E ST		County	AUDRAIN	DMH Licensed	No
MEXICO	MO	65265-1201	Region 5	Medicare/Medicaid	Facility Number	05804
KING'S DAUGHTERS HOME, THE						
620 WEST BOULEVARD ST			Telephone	(573) 581-1577	Alzheimer's Unit	No
MEXICO	MO	65265-2199	Level of Care	ICF	Bed Capacity	33
Mailing Address 620 WEST BOULEV	ARD S	Т	County	AUDRAIN	DMH Licensed	No
MEXICO	MO	65265-2199	Region 5		Facility Number	04146
KING'S DAUGHTERS HOME, THE						
620 WEST BOULEVARD ST			Telephone	(573) 581-1577	Alzheimer's Unit	No
MEXICO	MO	65265-2199	Level of Care	RCF*	<b>Bed Capacity</b>	12
Mailing Address 620 WEST BOULEV	ARD S	Т	County	AUDRAIN	DMH Licensed	No
MEXICO	МО	65265-2199	Region 5		Facility Number	04146
SOUTHSIDE TOWNE HOUSE						
510 SOUTH WASHINGTON			Telephone	(573) 581-3203	Alzheimer's Unit	No
MEXICO	MO	65265-2786	Level of Care	RCF*	<b>Bed Capacity</b>	12
Mailing Address PO BOX 6			County	AUDRAIN	DMH Licensed	Yes
MEXICO	МО	65265-0006	Region 5		Facility Number	16987
TEAL LAKE - ASSISTED LIVING E	Y AMI	ERICARE	m. 1. 1.	(550) 500 5000		
1722 HUNTINGFIELD DRIVE		65265 2000	Telephone	(573) 582-7800	Alzheimer's Unit	No
MEXICO		65265-3808	Level of Care	ALF**	Bed Capacity	41 N
Mailing Address 1722 HUNTINGFIEL		C50C5 2000	County	AUDRAIN	DMH Licensed	No
MEXICO	MO	65265-3808	Region 5		Facility Number	23534

TARKIO REHABILITATION & HEALTH CARE

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TOWNE HOUSE, THE					
221 EAST WHITLEY		Telephone	(573) 581-2547	Alzheimer's Unit	No
MEXICO	MO 65265-2815	Level of Care	RCF*	Bed Capacity	29
Mailing Address PO BOX 6		County	AUDRAIN	DMH Licensed	Yes
MEXICO	MO 65265-0006	Region 5		Facility Number	08077
TRI-COUNTY CARE CENTER					
601 NORTH GALLOWAY ROAD		Telephone	(573) 594-6467	Alzheimer's Unit	No
VANDALIA	MO 63382-1252	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address 601 NORTH GALLO	OWAY RD	County	AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	Region 5		Facility Number	08096
TRI-COUNTY CARE CENTER					
601 NORTH GALLOWAY ROAD		Telephone	(573) 594-6467	Alzheimer's Unit	Yes
VANDALIA	MO 63382-1252	Level of Care	SNF	Bed Capacity	90
Mailing Address 601 NORTH GALLO		County	AUDRAIN	DMH Licensed	No
VANDALIA	MO 63382-1252	•	Medicare/Medicaid	Facility Number	08096
	1	BARRY			
	,	DAKKI			
BENTONVIEW PARK HEALTH &	REHABILITATION				
410 WEST BENTON STREET		Telephone	(417) 235-6031	Alzheimer's Unit	No
MONETT	MO 65708-1608	Level of Care	SNF	Bed Capacity	120
Mailing Address 410 WEST BENTO	N STREET	County	BARRY	DMH Licensed	No
MONETT	MO 65708-1608	Region 1	Medicare/Medicaid	Facility Number	00954
CASSVILLE HEALTH CARE AND	REHAR				
1300 COUNTY FARM RD	NETH ID	Telephone	(417) 847-3386	Alzheimer's Unit	No
CASSVILLE	MO 65625-1726	Level of Care	SNF	Bed Capacity	60
Mailing Address 1300 COUNTY FAR		County	BARRY	DMH Licensed	No
CASSVILLE	MO 65625-1726	·	Medicare/Medicaid	Facility Number	01097
		_			
CEDAR RIDGE CARE CENTER, L	LC				
71 SYCAMORE		Telephone	(417) 847-5546	Alzheimer's Unit	No
CASSVILLE	MO 65625-1755	Level of Care	RCF*	Bed Capacity	30
Mailing Address PO BOX 633	140 (5505 0600	County	BARRY	DMH Licensed	Yes
CASSVILLE	MO 65625-0633	Region 1		Facility Number	15295
COUNTRYSIDE CARE CENTER					
385 SOUTH EISENHOWER		Telephone	(417) 235-4040	Alzheimer's Unit	No
MONETT	MO 65708-8266	Level of Care	RCF*	<b>Bed Capacity</b>	33
Mailing Address PO BOX 434		County	BARRY	DMH Licensed	Yes
MONETT	MO 65708-0434	Region 1		Facility Number	12737
LACOBA HOMES, INC					
850 HIGHWAY 60		Telephone	(417) 235-7895	Alzheimer's Unit	No
MONETT	MO 65708-9376	Level of Care	SNF	Bed Capacity	72
Mailing Address PO BOX 885		County	BARRY	DMH Licensed	No
MONETT	MO 65708-0885	•	Medicare/Medicaid	Facility Number	04315
LEISURE LIVING		m. 1	(417) 025 5050	A1 1	3.7
305 5TH ST	MO 65709 2212	Telephone	(417) 235-5959	Alzheimer's Unit	No 20
MONETT Mailing Address 305 5TH ST	MO 65708-2312	Level of Care	RCF BARRY	Bed Capacity DMH Licensed	20 Vas
Maining Address 505 51H 51		County	DAKKI	Divin Licensed	Yes

**Facility Number** 

18227

MO 65708-2312

MONETT

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PEACH WOOD MANOR					
15895 STATE HIGHWAY 76		Telephone	(417) 847-3902	Alzheimer's Unit	No
CASSVILLE	MO 65625-8098	Level of Care	RCF	Bed Capacity	14
Mailing Address 15895 STATE HIGHY	WAY 76	County	BARRY	DMH Licensed	No
CASSVILLE	MO 65625-8098	Region 1		Facility Number	07679
ROARING RIVER HEALTH AND R	REHARII ITATION				
812 OLD EXETER ROAD		Telephone	(417) 847-2184	Alzheimer's Unit	Yes
CASSVILLE	MO 65625-1704	Level of Care	SNF	Bed Capacity	90
Mailing Address 812 OLD EXETER R	.D	County	BARRY	DMH Licensed	No
CASSVILLE	MO 65625-1704	Region 1	Medicare/Medicaid	Facility Number	10644
	BART	TON			
BRISTOL MANOR OF LAMAR					
603 EAST 17TH ST		Telephone	(417) 682-6762	Alzheimer's Unit	No
LAMAR	MO 64759-2303	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 EAST 17TH ST	3.20	County	BARTON	DMH Licensed	No
LAMAR	MO 64759-2303	Region 1		Facility Number	18951
MADLE CENTOD I WING OF LAMA	ı p				
MAPLE SENIOR LIVING OF LAMA 3 SOUTHWEST FIRST LANE	AK	Telephone	(417) 682-6184	Alzheimer's Unit	No
LAMAR	MO 64759-1772	Level of Care	RCF*	Bed Capacity	57
Mailing Address 3 SW 1ST LN	WIO 04737-1772	County	BARTON	DMH Licensed	No
LAMAR	MO 64759-1772	Region 1	BIRTON	Facility Number	20869
TRUMAN HEAT THEAT OF PENAL	DIL FEATION CENTED	-			
TRUMAN HEALTHCARE & REHAI 206 WEST FIRST ST	BILITATION CENTER	Telephone	(417) 682-5718	Alzheimer's Unit	Yes
LAMAR	MO 64759-1291	Level of Care	SNF	Bed Capacity	123
Mailing Address 206 WEST FIRST ST		County	BARTON	DMH Licensed	No
LAMAR	MO 64759-1291	Region 1	Medicare/Medicaid	Facility Number	01346
	BAT	ES			
ADDIAN MANOD WELLEN A DEW	A DALLAMA MICANI CIENTERD				
ADRIAN MANOR HEALTH & REH. 402 WEST 1ST STREET	ABILITATION CENTER	Telephone	(916) 207 2107	Alzheimer's Unit	No
ADRIAN	MO 64720-9277	Level of Care	(816) 297-2107 SNF	Bed Capacity	No 60
Mailing Address 402 WEST 1ST STR		County	BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3	Medicare/Medicaid	Facility Number	00032
		8		•	
BRISTOL MANOR OF BUTLER		Telephone	(660) 670 2661	A11.	3.7
411 SOUTH DELAWARE BUTLER	MO 64730-2311	Level of Care	(660) 679-3661 RCF	Alzheimer's Unit Bed Capacity	No 12
Mailing Address 411 S DELAWARE	WIO 04730-2311	County	BATES	DMH Licensed	No
BUTLER	MO 64730-2311	Region 3	DATES	Facility Number	18817
		8		•	
CRYSTAL MANOR		T-1	(917) 207, 9922	A 1-1	NI-
409 W FIRST ST ADRIAN	MO 64720-9277	Telephone Level of Care	(816) 297-8832 RCF	Alzheimer's Unit Bed Capacity	No 12
Mailing Address 409 W FIRST ST	1110 UH12U-7211	County	BATES	DMH Licensed	No
ADRIAN	MO 64720-9277	Region 3	DILLES	Facility Number	21070
		9 -		•	
HEARTLAND OF WILLOW LANE 416 SOUTH HIGH STREET		Tolonhono	(660) 670 6159	Alghoimon's Unit	No
BUTLER	MO 64730-1827	Telephone Level of Care	(660) 679-6158 SNF	Alzheimer's Unit Bed Capacity	No 98
Mailing Address 416 S HIGH ST	140 04730-1027	County	BATES	DMH Licensed	No
BUTLER	MO 64730-1827	•	Medicare/Medicaid	Facility Number	08627
- <del></del>		region 5	medical Chricuitalu	I women's indiffice	00027

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MEDICALODGES BUTLER	T. I	
103 EAST NURSERY	<b>Telephone</b> (660) 679-3179 <b>Alzheimer</b>	
BUTLER MO 64730-2331	Level of Care SNF Bed Capac	
Mailing Address 103 EAST NURSERY	County BATES DMH Lice	
BUTLER MO 64730-2331	Region 3 Medicare/Medicaid Facility Nu	imber 05319
	BENTON	
AMBROSE PARK RESIDENTIAL CARE FACILITY		
517 NORTH OAK	Telephone (660) 668-3140 Alzheimer	s Unit No
COLE CAMP MO 65325-	Level of Care RCF Bed Capac	<b>ity</b> 28
Mailing Address PO BOX 252	County BENTON DMH Lice	nsed No
COLE CAMP MO 65325-0252	Region 6 Facility Nu	<b>11.</b> 26313
BRISTOL MANOR OF LINCOLN		
204 SOUTH 65 HIGHWAY	Telephone (660) 547-2580 Alzheimer	s Unit No
LINCOLN MO 65338-2587	Level of Care RCF Bed Capac	itv 12
Mailing Address 204 S HWY 65	County BENTON DMH Lice	
LINCOLN MO 65338-2587	Region 6 Facility Nu	
DAYS ALLY OF ON WAR AND		
BRISTOL MANOR OF WARSAW	The state of the s	TT 14 37
1600 ESTATE DRIVE	<b>Telephone</b> (660) 438-7173 <b>Alzheimer</b>	
WARSAW MO 65355-3061	Level of Care RCF Bed Capac	
Mailing Address 1600 ESTATE DR	County BENTON DMH Lice	
WARSAW MO 65355-3061	Region 6 Facility Nu	imber 16343
GOOD SAMARITAN CARE CENTER		
403 WEST MAIN ST	Telephone (660) 668-4515 Alzheimer	s Unit No
COLE CAMP MO 65325-1144	Level of Care SNF Bed Capac	<b>ity</b> 72
Mailing Address 403 WEST MAIN ST	County BENTON DMH Lice	nsed No
COLE CAMP MO 65325-1144	Region 6 Medicare/Medicaid Facility Nu	<b>imber</b> 03039
LAKESIDE MANOR		
802 KENNEDY	Telephone (660) 438-8850 Alzheimer	s Unit No
WARSAW MO 65355-3044	Level of Care RCF* Bed Capac	<b>ity</b> 35
Mailing Address PO BOX 280	County BENTON DMH Lice	nsed Yes
WARSAW MO 65355-0280	Region 6 Facility Nu	<b>umber</b> 05970
LAKESIDE SUITES		
205 TIMBERLINE DRIVE	Telephone (660) 547-3089 Alzheimer	s Unit No
LINCOLN MO 65338-2007	Level of Care ALF Bed Capac	
Mailing Address 205 TIMBERLINE DR	County BENTON DMH Lice	•
LINCOLN MO 65338-2007	Region 6 Facility Nu	
LINCOLN COMMUNITY CARE CENTER		
205 TIMBERLINE DRIVE	Telephone (660) 547-3322 Alzheimer	s Unit No
LINCOLN MO 65338-2007		
Mailing Address 205 TIMBERLINE DR	•	
LINCOLN MO 65338-2007	County BENTON DMH Lice  Region 6 Medicare/Medicaid Facility Nu	
110 0000 2001	region - memeric/memean ruemty ne	07003
WARSAW HEALTH AND REHABILITATION CENTER	T-11 (CCO) 420 2070	- TT-:4
1609 SUNCHASE DRIVE	Telephone (660) 438-2970 Alzheimer	
WARSAW MO 65355-3059	Level of Care SNF Bed Capac	
Mailing Address 1609 SUNCHASE DR	County BENTON DMH Lice	

Medicare/Medicaid

**Facility Number** 

15243

MO 65355-3059

WARSAW

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## **BOLLINGER**

DIANA'S BOARDING HOME - 2					
HC 64, BOX 4677		Telephone	(573) 238-3344	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care	RCF	<b>Bed Capacity</b>	40
Mailing Address HC 64, BOX 4677		County	BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2		Facility Number	23940
DIANA'S BOARDING HOME 1					
HC 64, BOX 4590		Telephone	(573) 866-2010	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9408	Level of Care	RCF	<b>Bed Capacity</b>	20
Mailing Address HC 64, BOX 4590		County	BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-9408	Region 2		Facility Number	11123
HERITAGE HILLS ASSISTED LIV	VING FACILITY				
ROUTE 5, BOX 68		Telephone	(573) 866-2003	Alzheimer's Unit	No
PATTON	MO 63662-9760	Level of Care	ALF	Bed Capacity	24
Mailing Address P.O. BOX B		County	BOLLINGER	DMH Licensed	Yes
PATTON	MO 63662-0010	Region 2		Facility Number	18783
J & J RESIDENTIAL CARE FACI	LITY II				
104 WESBECHER		Telephone	(573) 238-4602	Alzheimer's Unit	No
MARBLE HILL	MO 63764-0378	Level of Care	RCF*	Bed Capacity	12
Mailing Address PO BOX 378		County	BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0378	Region 2		Facility Number	07171
MARY'S RANCH, INC					
ROUTE 2, BOX 2790		Telephone	(573) 238-4253	Alzheimer's Unit	No
MARBLE HILL	MO 63764-9510	Level of Care	RCF*	<b>Bed Capacity</b>	32
Mailing Address PO BOX 589		County	BOLLINGER	DMH Licensed	Yes
MARBLE HILL	MO 63764-0589	Region 2		Facility Number	08707
WOODLAND HILLS - A STONEB	RIDGE COMMUNITY				
702 HIGHWAY 34 WEST		Telephone	(573) 238-2614	Alzheimer's Unit	No
MARBLE HILL	MO 63764-4301	Level of Care	SNF	Bed Capacity	98
Mailing Address 702 HWY 34 WES	Γ	County	BOLLINGER	DMH Licensed	No
MARBLE HILL	MO 63764-4301	Region 2	Medicare/Medicaid	Facility Number	10864
		BOONE			
ASHLAND HEALTHCARE					
300 SOUTH HENRY CLAY BLVD		Telephone	(573) 657-2877	Alzheimer's Unit	No
ASHLAND	MO 65010-9438	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 300 S HENRY CLA	AY BLVD	County	BOONE	DMH Licensed	No
ASHLAND	MO 65010-9438	Region 6	Medicare/Medicaid	Facility Number	17908
ASHLAND VILLA - ASSISTED LI	VING BY AMERICARE				
301 SOUTH HENRY CLAY BLVD		Telephone	(573) 657-1920	Alzheimer's Unit	No
ASHLAND	MO 65010-9439	Level of Care	ALF**	<b>Bed Capacity</b>	72
Mailing Address 301 S HENRY CLA	AY BLVD	County	BOONE	DMH Licensed	No
ASHLAND	MO 65010-9439	Region 6		Facility Number	20303
BLUEGRASS TERRACE					
102 REDTAIL DR		Telephone	(573) 657-0899	Alzheimer's Unit	No
ASHLAND	MO 65010-1179	Level of Care	RCF	Bed Capacity	16
Mailing Address 102 REDTAIL DR		County	BOONE	DMH Licensed	No
ASHLAND	MO 65010-1179	Region 6		<b>Facility Number</b>	25731

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BLUFF CREEK TERRACE - ASSISTED LIVING BY AMERICARE			
3104 BLUFF CREEK DRIVE	<b>Telephone</b> (573) 815-9111	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3524	Level of Care ALF**	Bed Capacity	57
Mailing Address 3104 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3524	Region 6	Facility Number	20625
BLUFFS, THE			
3105 BLUFF CREEK DRIVE	<b>Telephone</b> (573) 442-6060	Alzheimer's Unit	Yes
COLUMBIA MO 65201-3529	Level of Care SNF	Bed Capacity	132
Mailing Address 3105 BLUFF CREEK DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3529	Region 6 Medicare/Medicaid	Facility Number	00754
		•	
BRISTOL MANOR OF CENTRALIA			
610 NORTH JEFFERSON ST	<b>Telephone</b> (573) 682-5913	Alzheimer's Unit	No
CENTRALIA MO 65240-1178	Level of Care RCF	<b>Bed Capacity</b>	12
Mailing Address 610 NORTH JEFFERSON ST	County BOONE	DMH Licensed	No
CENTRALIA MO 65240-1178	Region 6	Facility Number	18286
CANDLELICHT LODGE DETENENT GENTED			
CANDLELIGHT LODGE RETIREMENT CENTER	T-1	4 1-1 T 1 4	Vac
1406 BUSINESS LOOP 70 WEST	<b>Telephone</b> (573) 449-5287	Alzheimer's Unit	Yes
COLUMBIA MO 65202-1324	Level of Care ALF	Bed Capacity	37 N
Mailing Address 1406 BUSINESS LOOP 70 WEST	County BOONE	DMH Licensed	No
COLUMBIA MO 65202-1324	Region 6	Facility Number	01013
CANDLELIGHT LODGE RETIREMENT CENTER			
1406 BUSINESS LOOP 70 WEST	<b>Telephone</b> (573) 449-5287	Alzheimer's Unit	No
COLUMBIA MO 65202-1324	Level of Care ALF**	Bed Capacity	75
Mailing Address 1406 BUSINESS LOOP 70 WEST	County BOONE	DMH Licensed	No
COLUMBIA MO 65202-1324	Region 6	Facility Number	01013
COLONY POINTE-ASSISTED LIVING BY AMERICARE			
1510 CHAPEL HILL RD	<b>Telephone</b> (573) 234-1193	Alzheimer's Unit	Yes
COLUMBIA MO 65203-5457	Level of Care ALF**	Bed Capacity	82
Mailing Address 1510 CHAPEL HILL RD	County BOONE	DMH Licensed	No
COLUMBIA MO 65203-5457	Region 6	Facility Number	28191
COLUMBIA HEALTHCARE CENTER			
1801 TOWNE DRIVE	<b>Telephone</b> (573) 474-6111	Alzheimer's Unit	Yes
COLUMBIA MO 65202-2337	Level of Care SNF	Bed Capacity	97
Mailing Address 1801 TOWNE DR	County BOONE	DMH Licensed	No
COLUMBIA MO 65202-2337	Region 6 Medicare/Medicaid	Facility Number	01706
COLONIDAT NIO 03202 2331	Region 6 Medicare/Medicard	racinty ramber	01700
COLUMBIA MANOR CARE CENTER			
2012 NIFONG BLVD	<b>Telephone</b> (573) 449-1246	Alzheimer's Unit	No
COLUMBIA MO 65201-3874	Level of Care SNF	<b>Bed Capacity</b>	52
Mailing Address 2012 NIFONG BLVD	County BOONE	DMH Licensed	No
COLUMBIA MO 65201-3874	Region 6 Medicare/Medicaid	<b>Facility Number</b>	01715
WAR AND THE WOUNTER THE			
HARAMBEE HOUSE, INC	(572) 442 (972		
703 NORTH EIGHTH ST	<b>Telephone</b> (573) 443-6972	Alzheimer's Unit	No
COLUMBIA MO 65201-4516	Level of Care RCF*	Bed Capacity	15 V
Mailing Address 703 NORTH EIGHTH ST	County BOONE	DMH Licensed	Yes
COLUMBIA MO 65201-4516	Region 6	Facility Number	17197
HERITAGE HALL NURSING CENTER			
750 EAST HIGHWAY 22	<b>Telephone</b> (573) 682-5551	Alzheimer's Unit	No
CENTRALIA MO 65240-1146	Level of Care SNF	Bed Capacity	60
Mailing Address 750 EAST HIGHWAY 22	County BOONE	DMH Licensed	No
CENTRALIA MO 65240-1146	Region 6 Medicare/Medicaid	Facility Number	03069
		•	

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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HILLCREST RESIDENTIAL CARE					
9415 NORTH BROWN STATION ROA	AD.	Telephone	(573) 696-3201	Alzheimer's Unit	No
COLUMBIA	MO 65202-8671	Level of Care	ALF	Bed Capacity	33
Mailing Address 9415 NORTH BROW		County	BOONE	DMH Licensed	Yes
COLUMBIA	MO 65202-8671	Region 6		Facility Number	03572
		g		•	
LAKE GEORGE ASSISTED LIVING	Ţ				
5000 EAST RICHLAND ROAD	NO (5201 0606	Telephone	(573) 442-0577	Alzheimer's Unit	No
COLUMBIA	MO 65201-9606	Level of Care	ALF**	Bed Capacity	8 N-
Mailing Address 3305 CLARK LANE, COLUMBIA	MO 65202-2404	County	BOONE	DMH Licensed	No
COLUMBIA	WIO 03202-2404	Region 6		Facility Number	28997
LENOIR HEALTH CARE CENTER					
3300 NEW HAVEN ROAD		Telephone	(573) 876-5800	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-5423	Level of Care	SNF	Bed Capacity	122
Mailing Address 3300 NEW HAVEN	RD	County	BOONE	DMH Licensed	No
COLUMBIA	MO 65201-5423	Region 6	Medicare/Medicaid	Facility Number	04750
LENOIR MANOR					
3801 MILLER DRIVE		Telephone	(573) 876-5800	Alzheimer's Unit	No
COLUMBIA	MO 65201-5463	Level of Care	ALF**	Bed Capacity	40
Mailing Address 3801 MILLER DRIV	Е	County	BOONE	DMH Licensed	No
COLUMBIA	MO 65201-5463	Region 6		Facility Number	04764
A ENOTE MANOR					
LENOIR MANOR 3801 MILLER DR		Telephone	(573) 876-5800	Alzheimer's Unit	Yes
COLUMBIA	MO 65201-5463	Level of Care	(373) 876-3800 ALF	Bed Capacity	52
Mailing Address 3801 MILLER DR	WIO 03201-3403	County	BOONE	DMH Licensed	No
COLUMBIA	MO 65201-5463	Region 6	BOONE	Facility Number	04764
		11081011		•	0.70.
	TION & SKILLED NURSING BY TIGE	ŕ			
3003 FALLING LEAF COURT		Telephone	(573) 256-4620	Alzheimer's Unit	No
3003 FALLING LEAF COURT COLUMBIA	MO 65201-3549	Telephone Level of Care	SNF	<b>Bed Capacity</b>	120
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA	MO 65201-3549 F COURT	Telephone Level of Care County	SNF BOONE	Bed Capacity DMH Licensed	120 No
3003 FALLING LEAF COURT COLUMBIA	MO 65201-3549	Telephone Level of Care	SNF	<b>Bed Capacity</b>	120
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA	MO 65201-3549 F COURT	Telephone Level of Care County	SNF BOONE	Bed Capacity DMH Licensed	120 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA	MO 65201-3549 F COURT	Telephone Level of Care County	SNF BOONE	Bed Capacity DMH Licensed	120 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA PARKSIDE MANOR	MO 65201-3549 F COURT	Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid (573) 449-1448	Bed Capacity DMH Licensed Facility Number	120 No 24341
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE	MO 65201-3549 F COURT MO 65201-3549	Telephone Level of Care County Region 6 Telephone	SNF BOONE Medicare/Medicaid (573) 449-1448	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	120 No 24341 Yes
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA	MO 65201-3549 F COURT MO 65201-3549	Telephone Level of Care County Region 6  Telephone Level of Care	SNF BOONE Medicare/Medicaid (573) 449-1448 SNF	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit Bed Capacity	120 No 24341 Yes 120
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAC COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA	MO 65201-3549 F COURT MO 65201-3549 MO 65202-1367	Telephone Level of Care County Region 6  Telephone Level of Care County	SNF BOONE Medicare/Medicaid (573) 449-1448 SNF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 Yes 120 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEA COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE	MO 65201-3549 F COURT MO 65201-3549 MO 65202-1367	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid (573) 449-1448 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAC COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA	MO 65201-3549 F COURT MO 65201-3549 MO 65202-1367	Telephone Level of Care County Region 6  Telephone Level of Care County	SNF BOONE Medicare/Medicaid (573) 449-1448 SNF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone	SNF BOONE Medicare/Medicaid (573) 449-1448 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 24341 Yes 120 No 11262
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WOODS COLUMBIA	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169 DODS	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 Yes 120 No 11262 No 100
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAF COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA STUART HOUSE, LLC THE	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169 DODS	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAR COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA  STUART HOUSE, LLC THE 117 S HICKMAN	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169 DODS MO 65203-7169	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAR COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA  STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169 DODS	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA  STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA Mailing Address 117 S HICKMAN	MO 65201-3549  F COURT  MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169  DODS  MO 65203-7169  MO 65240-1316	Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 24341 Yes 120 No 11262 No 100 No 19799
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAR COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA  STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA	MO 65201-3549 F COURT MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169 DODS MO 65203-7169	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA  PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA  SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA  STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA Mailing Address 117 S HICKMAN CENTRALIA STURGEON REST HOME	MO 65201-3549  F COURT  MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169  DODS  MO 65203-7169  MO 65240-1316	Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid  (573) 682-3204 ICF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799 No 27 No 10146
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA Mailing Address 117 S HICKMAN CENTRALIA STURGEON REST HOME 315 E. STONE ST.	MO 65201-3549  F COURT  MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169  DODS  MO 65240-1316  MO 65240-1316	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid  (573) 682-3204 ICF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799 No 27 No 10146
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA Mailing Address 117 S HICKMAN CENTRALIA STURGEON REST HOME 315 E. STONE ST. STURGEON	MO 65201-3549  F COURT  MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169  DODS  MO 65203-7169  MO 65240-1316	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid  (573) 682-3204 ICF BOONE  (573) 687-3012 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799 No 27 No 10146
3003 FALLING LEAF COURT COLUMBIA Mailing Address 3003 FALLING LEAG COLUMBIA PARKSIDE MANOR 1201 HUNT AVENUE COLUMBIA Mailing Address 1201 HUNT AVE COLUMBIA SOUTH HAMPTON PLACE 4700 BRANDON WOODS COLUMBIA Mailing Address 4700 BRANDON WO COLUMBIA STUART HOUSE, LLC THE 117 S HICKMAN CENTRALIA Mailing Address 117 S HICKMAN CENTRALIA STURGEON REST HOME 315 E. STONE ST.	MO 65201-3549  F COURT  MO 65201-3549  MO 65202-1367  MO 65202-1367  MO 65203-7169  DODS  MO 65240-1316  MO 65240-1316	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	SNF BOONE Medicare/Medicaid  (573) 449-1448 SNF BOONE Medicare/Medicaid  (573) 874-3674 SNF BOONE Medicare/Medicaid  (573) 682-3204 ICF BOONE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 24341 Yes 120 No 11262 No 100 No 19799 No 27 No 10146

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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Mailing Address 2910 BLUFF CREEK DR	65201-3522 65201-3522	Telephone Level of Care County Region 6	(573) 256-4620 ICF BOONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 112 No 24341
	BU	JCHANAN			
ABBEY WOOD'S					
5026 FARAON ST		Telephone	(816) 279-1591	Alzheimer's Unit	Yes
SAINT JOSEPH MO	64506-3375	Level of Care	SNF	<b>Bed Capacity</b>	100
Mailing Address 5026 FARAON ST		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO	64506-3375	Region 4	Medicare/Medicaid	Facility Number	01463
CARRIAGE SQUARE LIVING & REHAB	CENTER				
4009 GENE FIELD ROAD		Telephone	(816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH MO	64506-1864	Level of Care	SNF	<b>Bed Capacity</b>	130
Mailing Address 4009 GENE FIELD ROAD		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO	64506-1864	Region 4	Medicare/Medicaid	Facility Number	01061
CARRIAGE SQUARE LIVING & REHAB	CENTER				
4009 GENE FIELD ROAD		Telephone	(816) 364-1526	Alzheimer's Unit	No
SAINT JOSEPH MO	64506-1864	Level of Care	RCF*	<b>Bed Capacity</b>	32
Mailing Address 4009 GENE FIELD RD		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO	64506-1864	Region 4		Facility Number	01061
DIVERSICARE OF ST JOSEPH					
3002 N 18TH ST		Telephone	(816) 364-4200	Alzheimer's Unit	No
SAINT JOSEPH MO	64505-1872	Level of Care	SNF	<b>Bed Capacity</b>	180
Mailing Address 3002 N 18TH ST		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH MO	64508-1872	Region 4	Medicare/Medicaid	Facility Number	08000
EASTGATE MANOR					
2102 VILLAGE DRIVE		Telephone	(816) 233-2141	Alzheimer's Unit	No
SAINT JOSEPH MO	64506-4983	Level of Care	RCF*	<b>Bed Capacity</b>	18
Mailing Address PO BOX 8186		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH MO	64508-8186	Region 4		Facility Number	20068
HEARTLAND II RCF					
117 SOUTH 15TH ST		Telephone	(816) 676-1505	Alzheimer's Unit	No
SAINT JOSEPH MO	64501-2904	Level of Care	RCF*	<b>Bed Capacity</b>	52
Mailing Address 117 S 15TH ST		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH MO	64501-2904	Region 4		Facility Number	18620
HEARTLAND RESIDENTIAL CARE FAC	CILITY				
1311 FRANCIS STREET		Telephone	(816) 233-5779	Alzheimer's Unit	No
SAINT JOSEPH MO	64501-2318	Level of Care	RCF	<b>Bed Capacity</b>	20
Mailing Address 1311 FRANCIS ST		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH MO	64501-2318	Region 4		Facility Number	02491

Telephone

County

Region 4

Level of Care

(816) 676-1630

BUCHANAN

Medicare/Medicaid

SNF

Alzheimer's Unit

**Bed Capacity** 

**DMH Licensed** 

**Facility Number** 

No

120

No

00526

LAVERNA VILLAGE OF ST JOSEPH

Mailing Address 1317 N 36TH ST

MO 64506-2359

MO 64506-2359

1317 NORTH 36TH ST

SAINT JOSEPH

SAINT JOSEPH

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LIVING COMMUNITY OF ST JOSE	7 <b>DU</b>				
1202 HEARTLAND ROAD	er <b>n</b>	Telephone	(816) 671-8500	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-3200	Level of Care	ALF	Bed Capacity	35
Mailing Address 1202 HEARTLAND R		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-3200	Region 4		Facility Number	24179
		8			
LIVING COMMUNITY OF ST JOSE	ЕРН				
1202 HEARTLAND ROAD	140 (450( 2200	Telephone	(816) 671-8500	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-3200	Level of Care	SNF	Bed Capacity	96
Mailing Address 1202 HEARTLAND R SAINT JOSEPH	MO 64506-3200	County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 04300-3200	Region 4	Medicare/Medicaid	Facility Number	24179
MCDONALD BOARDING HOME					
438 NORTH 17TH ST		Telephone	(816) 233-7060	Alzheimer's Unit	No
SAINT JOSEPH	MO 64501-2015	Level of Care	RCF	Bed Capacity	9
Mailing Address 438 NORTH 17TH ST	Т	County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64501-2015	Region 4		Facility Number	05170
MEADOWVIEW RESIDENTIAL CA	ARE				
101 NORTH FARWEST DRIVE		Telephone	(816) 232-2873	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-3500	Level of Care	RCF*	Bed Capacity	32
Mailing Address 101 FAR WEST DR		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64506-3500	Region 4		Facility Number	20566
		G			
NESA HOUSE					
108 N 16TH ST.		Telephone	(816) 233-9623	Alzheimer's Unit	No
SAINT JOSEPH	MO 64501-2405	Level of Care	RCF	Bed Capacity	10
Mailing Address 108 N 16TH ST.	110 (1501 0105	County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64501-2405	Region 4		Facility Number	17745
OAK TREE MANOR					
3919 MESSANIE		Telephone	(816) 233-4463	Alzheimer's Unit	No
SAINT JOSEPH	MO 64506-3458	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address PO BOX 8186		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64508-8186	Region 4		Facility Number	15039
RIVERSIDE PLACE					
1616 WEISENBORN ROAD		Telephone	(816) 232-9874	Alzheimer's Unit	Yes
SAINT JOSEPH	MO 64507-2527	Level of Care	` '	Bed Capacity	90
Mailing Address 1616 WEISENBORN		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64508-2527	•	Medicare/Medicaid	Facility Number	10346
				•	
RIVERSIDE PLACE					
1616 WEISENBORN ROAD		Telephone	(816) 232-9874	Alzheimer's Unit	No
SAINT JOSEPH	MO 64507-2527	Level of Care	ALF	Bed Capacity	100
Mailing Address 1616 WEISENBORN		County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64508-2527	Region 4		Facility Number	10346
ST JOSEPH CHATEAU					
811 NORTH 9TH ST		Telephone	(816) 233-5164	Alzheimer's Unit	No
SAINT JOSEPH	MO 64501-1651	Level of Care	ICF	<b>Bed Capacity</b>	69
Mailing Address 811 NORTH 9TH STE	REET	County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64508-1651	Region 4	Medicaid	<b>Facility Number</b>	07532
STADCADE					
STARCARE 1606 SOUTH 38TH ST		Telephone	(816) 390-8941	Alzheimer's Unit	No
SAINT JOSEPH	MO 64507-2216	Level of Care	RCF	Bed Capacity	18
Mailing Address 1606 S 38TH ST		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64507-2216	Region 4		Facility Number	00920
		-8		•	

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THOMAS RESIDENTIAL CARE CI 119 VIRGINIA STREET	ENTER II	Telephone	(816) 238-5266	Alzheimer's Unit	No
SAINT JOSEPH	MO 64504-1543	Level of Care	` '	Bed Capacity	16
Mailing Address 119 VIRGINIA ST	WO 04304-1343	County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64504-1543	Region 4	BUCHANAN	Facility Number	07966
SAINT JOSEFFI	1410 04304-1343	Region 4		racinty Number	07900
THOMAS RESIDENTIAL CARE FA	ACILITY III				
1415 OLIVE STREET		Telephone	(816) 676-0390	Alzheimer's Unit	No
SAINT JOSEPH	MO 64503-2443	Level of Care	RCF	<b>Bed Capacity</b>	20
Mailing Address 1415 OLIVE ST		County	BUCHANAN	DMH Licensed	Yes
SAINT JOSEPH	MO 64503-2443	Region 4		Facility Number	06076
VINTAGE GARDENS ASSISTED L	IVING				
3302 NORTH WOODBINE ROAD	IVING	Telephone	(816) 390-9555	Alzheimer's Unit	No
SAINT JOSEPH	MO 64505-9323	Level of Care	` '	Bed Capacity	51
Mailing Address 3302 NORTH WOO		County	BUCHANAN	DMH Licensed	No
SAINT JOSPEH	MO 64505-9323	Region 4		Facility Number	22959
		Region			22,0,
VINTAGE GARDENS ASSISTED L	IVING				
3302 NORTH WOODBINE ROAD		Telephone	(816) 390-9555	Alzheimer's Unit	No
SAINT JOSEPH	MO 64505-9323	Level of Care	ALF**	Bed Capacity	41
Mailing Address 3302 N WOODBINE	∃ RD	County	BUCHANAN	DMH Licensed	No
SAINT JOSEPH	MO 64505-9323	Region 4		Facility Number	22959
		BUTLER			
CEDAR VALLEY BOARDING HOM	ME				
286 HIGHWAY VV	VIL	Telephone	(573) 686-4877	Alzheimer's Unit	No
BROSELEY	MO 63932-9174	Level of Care	` '	Bed Capacity	10
Mailing Address 286 HWY VV	WIO 03932-9174	County	BUTLER	DMH Licensed	No
BROSELEY	MO 63932-9174	Region 2	DUILER	Facility Number	08923
DICOGEDE I	110 03/32 /171	Region 2		Tuenty Tuniber	00723
CEDARGATE HEALTHCARE					
2350 KANELL BLVD		Telephone	(573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care	ALF	<b>Bed Capacity</b>	16
Mailing Address 2350 KANELL BLV	D	County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2		Facility Number	01182
CEDADCATE HEALTHCADE					
CEDARGATE HEALTHCARE 2350 KANELL BLVD		Telephone	(573) 785-0188	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4036	Level of Care		Bed Capacity	108
Mailing Address 2350 KANELL BLV		County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4036	Region 2		Facility Number	01182
FOFLAR BLUIT	WIO 03901-4030	Region 2	Medicare/Medicaid	Facility Number	01162
MANOR, THE					
2071 BARRON ROAD		Telephone	(573) 686-1147	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-1903	Level of Care	SNF	<b>Bed Capacity</b>	90
Mailing Address 2071 BARRON RD		County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-1903	Region 2	Medicare/Medicaid	<b>Facility Number</b>	00683
MARK TWAIN CARING CENTER					
3001 MAY ST		Telephone	(573) 686-6999	Alzheimer's Unit	Yes
POPLAR BLUFF	MO 63901-1942	Level of Care	SNF	Bed Capacity	120
Mailing Address 3001 MAY ST		County	BUTLER	DMH Licensed	No
DODLAD DI LIEE	MO 62001 1042	D : 2	36 11 06 11 11	Facility Number	1,012

Medicare/Medicaid

**Facility Number** 

16013

MO 63901-1942

POPLAR BLUFF

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0.17.17.17.07.17.07.17.0					
OAK MEADOWS RCF, LLC 5502 MISTY MEADOW		Tolonhono	(572) 727 0000	Alahoimon'a Unit	No
POPLAR BLUFF	MO 63901-9287	Telephone Level of Care	(573) 727-9889 RCF	Alzheimer's Unit Bed Capacity	No 12
Mailing Address 5502 MISTY MEADO		County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-9287	Region 2	DUILER	Facility Number	23399
I OI LAIK BLOTT	112 03901 9207	Region 2		racinty (value)	23377
OAKDALE CARE CENTER					
2702 DEBBIE LANE		Telephone	(573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2650	Level of Care	ALF	Bed Capacity	60
Mailing Address PO BOX 340		County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63902-0340	Region 2		Facility Number	18157
OAKDALE CARE CENTER					
2702 DEBBIE LANE PO BOX 340		Telephone	(573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2650	Level of Care	RCF*	Bed Capacity	36
Mailing Address PO BOX 340		County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63902-0340	Region 2		Facility Number	18157
OAKDALE CARE CENTER			(550) 505 5040		
2702 DEBBIE LANE	NO (2001 2050	Telephone	(573) 686-5242	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2650	Level of Care	SNF	Bed Capacity	70
Mailing Address PO BOX 340	MO (2002 0240	County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63902-0340	Region 2	Medicare/Medicaid	Facility Number	18157
PEACEFUL PINES RESIDENTIAL (	CARE FACILITY				
614 COUNTY ROAD 466		Telephone	(573) 778-0497	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-2964	Level of Care	RCF	<b>Bed Capacity</b>	20
Mailing Address 614 COUNTY RD 46	66	County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-2964	Region 2		Facility Number	21093
PORTIA'S RESIDENTIAL CARE					
307 NORTH BROADWAY		Telephone	(573) 686-3446	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5103	Level of Care	RCF	Bed Capacity	20
Mailing Address 307 N BROADWAY		County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5103	Region 2		Facility Number	03002
		8		•	
RIVER MIST - ASSISTED LIVING E	BY AMERICARE				
2050 WEST MAUD		Telephone	(573) 686-2833	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4000	Level of Care		Bed Capacity	42
Mailing Address 2050 WEST MAUD	NO (2001 4000	County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-4000	Region 2		Facility Number	20291
SHADY OAKS RETIREMENT HOM	ΙE				
2913 BEDOLL AVENUE		Telephone	(573) 785-0903	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-6809	Level of Care	RCF	Bed Capacity	11
Mailing Address 2913 BEDOLL AVE		County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-6809	Region 2		Facility Number	07196
CWIET CHEEK DECIDENTIAL CAL	DE CENTED				
SWIFT CREEK RESIDENTIAL CAR 1673 HIGHWAY 53	RE CENTER	Telephone	(573) 778-1129	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-4132	Level of Care	RCF*	Bed Capacity	12
Mailing Address 1673 HWY 53	1.10 00,01 1102	County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-4132	Region 2	201221	Facility Number	20386
-					20000
SWITZER RESIDENTIAL CARE					
3260 MYSTIC LANE		Telephone	(573) 785-9399	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-3067	Level of Care	RCF*	<b>Bed Capacity</b>	20
		-			

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WESTWOOD HILLS HEALTH & R	EHABILITATION CENTER				
3100 WARRIOR LANE		Telephone	(573) 785-0851	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-8686	Level of Care	SNF	Bed Capacity	132
Mailing Address 3100 WARRIOR LA		County	BUTLER	DMH Licensed	No
POPLAR BLUFF	MO 63901-8686	Region 2	Medicare/Medicaid	Facility Number	08512
WHISPERING OAKS RCF II, LLC					
203 NORTH B ST		Telephone	(573) 686-4490	Alzheimer's Unit	No
POPLAR BLUFF	MO 63901-5413	Level of Care	RCF*	Bed Capacity	45
Mailing Address 203 NORTH B ST		County	BUTLER	DMH Licensed	Yes
POPLAR BLUFF	MO 63901-5413	Region 2		Facility Number	16751
	CALDV	VELI.			
	CHEDV	V EEE			
GOLDEN AGE NURSING HOME					
12498 SE HWY 116		Telephone	(660) 645-2243	Alzheimer's Unit	No
BRAYMER	MO 64624-9107	Level of Care	SNF	Bed Capacity	83
Mailing Address 12498 SE HWY 116		County	CALDWELL	DMH Licensed	No
BRAYMER	MO 64624-9107	Region 4	Medicare/Medicaid	Facility Number	02957
HILL CREST MANOR					
HILL CREST MANOR 801 SOUTH COLBY		Telephone	(816) 583-2119	Alzheimer's Unit	No
HAMILTON	MO 64644-8287	Level of Care	SNF	Bed Capacity	90
Mailing Address 801 SOUTH COLBY	1410 04044-0207	County	CALDWELL	DMH Licensed	Yes
HAMILTON	MO 64644-8287	Region 4	Medicare/Medicaid	Facility Number	03315
		region .	Wiedical Contenta		03313
HILL CREST MANOR					
801 SOUTH COLBY		Telephone	(816) 583-2119	Alzheimer's Unit	No
HAMILTON	MO 64644-8287	Level of Care	RCF	Bed Capacity	24
Mailing Address 801 SOUTH COLBY		County	CALDWELL	DMH Licensed	No
HAMILTON					
TH HAIRET OF C	MO 64644-8287	Region 4		Facility Number	03315
THE AMERICAN				Facility Number	03315
	MO 64644-8287  CALLA			Facility Number	03315
ASHBURY HEIGHTS OF FULTON				Facility Number	03315
			(573) 642-2015	Alzheimer's Unit	03315 No
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON	<b>CALLA</b> MO 65251-1254	WAY	RCF	Alzheimer's Unit Bed Capacity	
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN	<b>CALLA</b> MO 65251-1254  JT	WAY  Telephone Level of Care County	` ′	Alzheimer's Unit	No 12 No
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON	<b>CALLA</b> MO 65251-1254	WAY  Telephone Level of Care	RCF	Alzheimer's Unit Bed Capacity	No 12
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON	MO 65251-1254 JT MO 65251-1254	WAY  Telephone Level of Care County	RCF	Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI	MO 65251-1254 JT MO 65251-1254	WAY  Telephone Level of Care County Region 6	RCF CALLAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY	Telephone Level of Care County Region 6 Telephone	RCF CALLAWAY (573) 642-7770	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON	MO 65251-1254 JT MO 65251-1254	Telephone Level of Care County Region 6  Telephone Level of Care	RCF CALLAWAY (573) 642-7770 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 23923 No 94
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST	CALLA  MO 65251-1254  UT  MO 65251-1254  E FACILITY  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County	RCF CALLAWAY (573) 642-7770	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 23923 No 94 Yes
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY	Telephone Level of Care County Region 6  Telephone Level of Care	RCF CALLAWAY (573) 642-7770 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 23923 No 94
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST	CALLA  MO 65251-1254  UT  MO 65251-1254  E FACILITY  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 23923 No 94 Yes
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD	CALLA  MO 65251-1254  UT  MO 65251-1254  E FACILITY  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923 No 94 Yes 13522
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY  MO 65251-1877  MO 65251-1877  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 23923 No 94 Yes 13522 No
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY  MO 65251-1877  MO 65251-1877  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 23923 No 94 Yes 13522 No 12 Yes
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY  MO 65251-1877  MO 65251-1877  MO 65251-1877	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 12 No 23923 No 94 Yes 13522 No
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER FULTON	CALLA  MO 65251-1254  JT  MO 65251-1254  EFACILITY  MO 65251-1877  MO 65251-1877  MO 65251-2514  RD  MO 65251-2514	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 12 No 23923 No 94 Yes 13522 No 12 Yes
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER FULTON CHURCHILL TERRACE - ASSISTE	CALLA  MO 65251-1254  JT  MO 65251-1254  EFACILITY  MO 65251-1877  MO 65251-1877  MO 65251-2514  RD  MO 65251-2514	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY  (573) 642-7770 RCF* CALLAWAY  (573) 642-7557 RCF CALLAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923 No 94 Yes 13522 No 12 Yes 18575
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER FULTON CHURCHILL TERRACE - ASSISTE 120 HOSPITAL DRIVE	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY  MO 65251-1877  MO 65251-1877  MO 65251-2514  RD  MO 65251-2514  D LIVING BY AMERICARE	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923 No 94 Yes 13522 No 12 Yes
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER FULTON CHURCHILL TERRACE - ASSISTE 120 HOSPITAL DRIVE FULTON	CALLA  MO 65251-1254  JT  MO 65251-1254  EFACILITY  MO 65251-1877  MO 65251-1877  MO 65251-2514  RD  MO 65251-2514	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF CALLAWAY (573) 642-5222 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923 No 94 Yes 13522 No 12 Yes 18575
ASHBURY HEIGHTS OF FULTON 704 WEST CHESTNUT FULTON Mailing Address 704 WEST CHESTN FULTON BRIDGEWAY RESIDENTIAL CARI 828 JEFFERSON STREET FULTON Mailing Address 828 JEFFERSON ST FULTON BRISTOL MANOR OF FULTON 750 SIGN PAINTER ROAD FULTON Mailing Address 750 SIGN PAINTER FULTON CHURCHILL TERRACE - ASSISTE 120 HOSPITAL DRIVE	CALLA  MO 65251-1254  JT  MO 65251-1254  E FACILITY  MO 65251-1877  MO 65251-1877  MO 65251-2514  RD  MO 65251-2514  D LIVING BY AMERICARE	Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	RCF CALLAWAY (573) 642-7770 RCF* CALLAWAY (573) 642-7557 RCF CALLAWAY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 23923 No 94 Yes 13522 No 12 Yes 18575

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ELII TON MANOD CADE CENTED					
<b>FULTON MANOR CARE CENTER</b> 520 MANOR DRIVE		Telephone	(573) 642-6834	Alzheimer's Unit	No
FULTON	MO 65251-2429	Level of Care	SNF	Bed Capacity	52
Mailing Address 520 MANOR DR		County	CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2429	Region 6	Medicare/Medicaid	Facility Number	02725
FULTON NURSING & REHAB					
1510 BLUFF STREET		Telephone	(573) 642-0202	Alzheimer's Unit	Yes
FULTON	MO 65251-2345	Level of Care	SNF	Bed Capacity	100
Mailing Address 1510 BLUFF ST		County	CALLAWAY	DMH Licensed	No
FULTON	MO 65251-2345	Region 6	Medicare/Medicaid	<b>Facility Number</b>	03492
FULTON PRESBYTERIAN MANOR					
811 CENTER ST		Telephone	(573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care	SNF	Bed Capacity	36
Mailing Address 811 CENTER ST		County	CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6	Medicare/Medicaid	Facility Number	18735
FULTON PRESBYTERIAN MANOR					
811 CENTER ST		Telephone	(573) 642-6646	Alzheimer's Unit	No
FULTON	MO 65251-1922	Level of Care	ALF	<b>Bed Capacity</b>	41
Mailing Address 811 CENTER ST		County	CALLAWAY	DMH Licensed	No
FULTON	MO 65251-1922	Region 6		Facility Number	18735
RIVERVIEW NURSING CENTER					
10303 STATE ROAD C		Telephone	(573) 676-3136	Alzheimer's Unit	No
MOKANE	MO 65059-1211	Level of Care	SNF	Bed Capacity	60
Mailing Address 10303 STATE RD C		County	CALLAWAY	DMH Licensed	No
MOKANE	MO 65059-1211	Region 6	Medicare/Medicaid	Facility Number	06730
SUMMIT VILLA LIFECARE					
229 KAREN DRIVE		Telephone	(573) 896-8567	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2522	Level of Care	ALF**	Bed Capacity	92
Mailing Address 229 KAREN DR		County	CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2522	Region 6		Facility Number	21318
VALLEY PARK RETIREMENT CEN	NTER				
355 KAREN DRIVE		Telephone	(573) 896-0208	Alzheimer's Unit	No
HOLTS SUMMIT	MO 65043-2519	Level of Care	RCF	Bed Capacity	22
Mailing Address 355 KAREN DRIVE		County	CALLAWAY	DMH Licensed	No
HOLTS SUMMIT	MO 65043-2519	Region 6		Facility Number	27986
	CAMI	DEN			
BRISTOL MANOR OF CAMDENTO	N				
75 FOURTH ST		Telephone	(573) 346-6800	Alzheimer's Unit	No
CAMDENTON	MO 65020-6891	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 75 FOURTH ST		County	CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-6891	Region 6		Facility Number	17914
CAMDENTON WINDSOR ESTATES	}				
2042 N BUSINESS ROUTE 5		Telephone	(573) 346-5654	Alzheimer's Unit	No
CAMDENTON	MO 65020-2611	Level of Care	SNF	Bed Capacity	82
Mailing Address 2042 N BUSINESS R		County	CAMDEN	DMH Licensed	No
CAMDENTON	MO 65020-2611	Region 6	Medicare/Medicaid	Facility Number	08688

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OSAGE BEACH REHABILITATIO	N AND HEALTH CARE CENTER				
844 PASSOVER ROAD		Telephone	(573) 348-2225	Alzheimer's Unit	NO
OSAGE BEACH	MO 65065-2834	Level of Care		Bed Capacity	94
Mailing Address 844 PASSOVER RC		County	CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-2834	Region 6	Medicare/Medicaid	Facility Number	06116
OZARK REHABILITATION & HE.	ALTH CARE CENTER				
1083 OZARK CARE DRIVE		Telephone	(573) 348-1711	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-3016	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 270		County	CAMDEN	DMH Licensed	No
OSAGE BEACH	MO 65065-0270	Region 6	Medicare/Medicaid	<b>Facility Number</b>	06217
	CADE CII	DADDEAU			
	CAPE GIF	KARDEAU			
AUBURN CREEK - ASSISTED LIV	ING BY AMERICARE				
2910 BEAVER CREEK DRIVE		Telephone	(573) 651-0199	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63701-1732	Level of Care	ALF	<b>Bed Capacity</b>	55
Mailing Address 2910 BEAVER CRE	EEK DR	County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-1732	Region 2		Facility Number	19892
BARNABAS ACRES					
210 FRANKS LANE		Telephone	(573) 334-7679	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-8439	Level of Care	` /	Bed Capacity	56
Mailing Address 210 FRANKS LN		County	CAPE GIRARDE	DMH Licensed	Yes
CAPE GIRARDEAU	MO 63701-8439	Region 2		Facility Number	05130
		C			
CAPETOWN ASSISTED LIVING			/		
2857 CAPE LACROIX ROAD	110 (270) (270)	Telephone	(573) 334-4855	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-8588	Level of Care		Bed Capacity	34
Mailing Address 2857 CAPE LACRO CAPE GIRARDEAU	MO 63701-8588	County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU	MO 03/01-8388	Region 2		Facility Number	23989
CHATEAU GIRARDEAU					
3120 INDEPENDENCE ST		Telephone	(573) 335-1281	Alzheimer's Unit	Yes
CAPE GIRARDEAU	MO 63703-5043	Level of Care	SNF	Bed Capacity	75
Mailing Address 3120 INDEPENDEN	NCE ST	County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-5043	Region 2	Medicare/Medicaid	Facility Number	01386
CHATEAU GIRARDEAU ASSISTE	D LIVING CENTER				
3120 INDEPENDENCE ST		Telephone	(573) 335-1281	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63703-5043	Level of Care	ALF**	Bed Capacity	55
Mailing Address 3120 INDEPENDEN	NCE ST	County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU	MO 63703-5043	Region 2		Facility Number	01386
FOUNTAINBLEAU LODGE					
2001 NORTH KINGSHIGHWAY		Telephone	(573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU	MO 63701-2127	Level of Care	` '	Bed Capacity	56
Mailing Address 2001 NORTH KING		County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU	MO 63701-2127	Region 2		Facility Number	12751
		~		-	
FOUNTAINBLEAU LODGE		7D-13	(572) 225 1000	A1 1	
2001 NORTH KINGSHIGHWAY	MO 62701 2127	Telephone	(573) 335-1999	Alzheimer's Unit	No
CAPE GIRARDEAU  Mailing Address 2001 NORTH KING	MO 63701-2127	Level of Care		Bed Capacity	33 No.
Mailing Address 2001 NORTH KING CAPE GIRARDEAU		County  Pagin 2	CAPE GIRARDE	DMH Licensed	No 12751
CAFE UIKAKDEAU	MO 63701-2127	Region 2	Medicare/Medicaid	Facility Number	12751

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EDEDEDICE CEDEET MANOD			
FREDERICK STREET MANOR 429 NORTH FREDERICK STREET	<b>Telephone</b> (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63701-4834	Level of Care RCF*	Bed Capacity	32
Mailing Address 429 N FREDERICK ST	County CAPE GIRARDE	DMH Licensed	Yes
CAPE GIRARDEAU MO 63701-4834	Region 2	Facility Number	02662
CHILD GRAINDERIC STOCK 1001	Region 2	ruenity rumber	02002
HEARTLAND CARE AND REHABILITATION CENTER			
2525 BOUTIN DRIVE	<b>Telephone</b> (573) 334-5225	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63701-8551	Level of Care SNF	Bed Capacity	102
Mailing Address 2525 BOUTIN DR	County CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU MO 63701-8551	Region 2 Medicare/Medicaid	Facility Number	01023
JACKSON MANOR NURSING HOME			
710 BROADRIDGE DR	<b>Telephone</b> (573) 243-3101	Alzheimer's Unit	No
JACKSON MO 63755-3042	Level of Care SNF	Bed Capacity	90
Mailing Address 710 BROADRIDGE DR	County CAPE GIRARDE	DMH Licensed	No
JACKSON MO 63755-3042	Region 2 Medicare/Medicaid	Facility Number	03438
JEFFERSON MANOR			
902 JEFFERSON AVENUE	<b>Telephone</b> (573) 651-1373	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63703-6755	Level of Care RCF	Bed Capacity	10
Mailing Address 902 JEFFERSON AVE CAPE GIRARDEAU MO 63703-6755	County CAPE GIRARDE	DMH Licensed	Yes
CAPE GIRARDEAU MO 63703-6755	Region 2	Facility Number	05445
LIFE CARE CENTER OF CAPE GIRARDEAU			
365 SOUTH BROADVIEW ST	<b>Telephone</b> (573) 335-2086	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63703-5725	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 365 SOUTH BROADVIEW ST	County CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU MO 63703-5725	Region 2 Medicare/Medicaid	Facility Number	01032
LUTHERAN HOME ASSISTED LIVING			
2825 BLOOMFIELD ROAD	<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63703-6335	Level of Care ALF**	Bed Capacity	115
Mailing Address 2825 BLOOMFIELD RD	County CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU MO 63703-6335	Region 2	Facility Number	13536
			10000
LUTHERAN HOME, THE			
2825 BLOOMFIELD ROAD	<b>Telephone</b> (573) 335-0158	Alzheimer's Unit	Yes
CAPE GIRARDEAU MO 63703-6335	Level of Care SNF	Bed Capacity	274
Mailing Address 2825 BLOOMFIELD RD	County CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU MO 63703-6335	Region 2 Medicare/Medicaid	Facility Number	13536
MAPLE CREST MANOR			
430 NORTH FREDERICK STREET	<b>Telephone</b> (573) 334-2662	Alzheimer's Unit	No
CAPE GIRARDEAU MO 63701-4835	Level of Care RCF*	<b>Bed Capacity</b>	48
Mailing Address 430 N FREDERICK ST	County CAPE GIRARDE	DMH Licensed	Yes
CAPE GIRARDEAU MO 63701-4835	Region 2	Facility Number	03628
MONTICELLO HOUSE	m 1 1 (572) 242 9090	411	N
1115 K LAND DRIVE  1ACKSON MO. 62755 2599	Telephone (573) 243-8989	Alzheimer's Unit	No 32
JACKSON MO 63755-2588  Molling Address PO ROV 740	Level of Care RCF*	Bed Capacity	32 No.
Mailing Address PO BOX 740  JACKSON MO 63755-0740	County CAPE GIRARDE	DMH Licensed	No 14454
JACABON WIO 03/33-0/40	Region 2	Facility Number	14454
MONTICELLO HOUSE			
1115 K LAND DRIVE	<b>Telephone</b> (573) 243-8989	Alzheimer's Unit	Yes
JACKSON MO 63755-2588	Level of Care SNF	<b>Bed Capacity</b>	105
Mailing Address PO BOX 740	County CAPE GIRARDE	DMH Licensed	No
JACKSON MO 63755-0740	Region 2 Medicare/Medicaid	Facility Number	14454

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PARKWOOD MANOR		T 1 . 1	(572) 224 7011	A1 1	N
325 NORTH SPRIGG STREET CAPE GIRARDEAU M	MO (2701 5521	Telephone Level of Care	(573) 334-7011	Alzheimer's Unit	No 20
	MO 63701-5531		RCF* CAPE GIRARDE	Bed Capacity DMH Licensed	20 Yes
Mailing Address 325 N. SPRIGG ST CAPE GIRARDEAU  M	MO 63701-5531	County Region 2	CAFE GINARDE	Facility Number	06291
CAI E GIRARDEAU	10 03/01-3331	Region 2		racinty Number	00291
PARKWOOD MANOR					
325 NORTH SPRIGG STREET		Telephone	(573) 334-7011	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63701-5531	Level of Care	RCF	Bed Capacity	10
Mailing Address 325 NORTH SPRIGG ST	TREET	County	CAPE GIRARDE	DMH Licensed	No
CAPE GIRARDEAU M	MO 63701-5531	Region 2		Facility Number	06291
RATLIFF CARE CENTER					
717 NORTH SPRIGG		Telephone	(573) 335-5810	Alzheimer's Unit	No
	MO 63701-4815	Level of Care	SNF	Bed Capacity	46
Mailing Address 717 NORTH SPRIGG	10 05/01 1015	County	CAPE GIRARDE	DMH Licensed	No
_	MO 63701-4815	Region 2	Medicare/Medicaid	Facility Number	17420
	30 00701 1010	Region 2	Wicarcar C/Wicarcara	r demoy r (dimoer	17120
SPRIGG STREET MANOR					
701 NORTH SPRIGG		Telephone	(573) 334-2975	Alzheimer's Unit	No
CAPE GIRARDEAU M	MO 63701-4815	Level of Care	RCF	Bed Capacity	15
Mailing Address 701 NORTH SPRIGG		County	CAPE GIRARDE	DMH Licensed	Yes
CAPE GIRARDEAU M	MO 63701-4815	Region 2		Facility Number	17420
	CARRO	OLL			
BRISTOL MANOR OF CARROLLTON			(550) 710 0010		
1016 EAST 10TH ST		Telephone	(660) 542-2349	Alzheimer's Unit	No
	MO 64633-9348	Level of Care	RCF	Bed Capacity	12
Mailing Address 1016 EAST 10TH ST	10 (4622 0240	County	CARROLL	DMH Licensed	No
CARROLLTON N	MO 64633-9348	Region 4		Facility Number	18316
CARROLL HOUSE					
307 GRAND		Telephone	(660) 542-1599	Alzheimer's Unit	No
CARROLLTON M	MO 64633-2265	Level of Care	SNF	<b>Bed Capacity</b>	63
Mailing Address 307 GRAND		County	CARROLL	DMH Licensed	No
CARROLLTON M	MO 64633-2265	Region 4	Medicare/Medicaid	<b>Facility Number</b>	22027
LIFE CARE CENTER OF CARROLLTO	ON	<b></b>	(660) 540 0155		
300 LIFE CARE LANE	10. (4622-1961	Telephone	(660) 542-0155	Alzheimer's Unit	No
	MO 64633-1861	Level of Care	SNF	Bed Capacity DMH Licensed	120
Mailing Address 300 LIFE CARE LN CARROLLTON M	MO 64633-1861	County	CARROLL Madiana (Madiani)	Facility Number	No
CARROLLION	04033-1801	Region 4	Medicare/Medicaid	Facility Number	11500
	CART	ER			
DIVEDWAYCMANOD					
RIVERWAYS MANOR 403 WATERCRESS ROAD		Telephone	(573) 323-4282	Alzheimer's Unit	No
	MO 63965-9100	Level of Care	(373) 323-4282 SNF	Bed Capacity	60
Mailing Address PO BOX 969	03703-7100	County	CARTER	DMH Licensed	No
ŭ	MO 63965-0969	Region 2	Medicare/Medicaid	Facility Number	06744
VIII DURLIN IV	10 03703-0707	region 2	wieulcai e/wieulcaid	racinty Minute	00744
VELMA DOWDY RCF II					
HIGHWAY 60		Telephone	(573) 251-3555	Alzheimer's Unit	No
FREMONT N	MO 63941-	Level of Care	RCF*	<b>Bed Capacity</b>	45
Mailing Address PO BOX 278		County	CARTER	DMH Licensed	Yes

**Facility Number** 

17681

MO 63941-0278

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ABC HEALTH CARE 307 EAST SOUTH STREET	Telephone	(816) 380-7399	Alzheimer's Unit	No
HARRISONVILLE MO 647	-	SNF	Bed Capacity	60
Mailing Address 307 EAST SOUTH STREET	County	CASS	DMH Licensed	No
HARRISONVILLE MO 647	01-3241 <b>Region</b> 3	Medicare/Medicaid	<b>Facility Number</b>	00025
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST	Telephone	(816) 331-0781	Alzheimer's Unit	No
BELTON MO 640	12-3703 Level of Care	SNF	<b>Bed Capacity</b>	126
Mailing Address 1003 S CEDAR ST	County	CASS	DMH Licensed	No
BELTON MO 640	12-3703 <b>Region</b> 3	Medicare/Medicaid	Facility Number	00342
BEAUTIFUL SAVIOR HOME				
1003 SOUTH CEDAR ST	Telephone	(816) 331-0781	Alzheimer's Unit	No
BELTON MO 640	12-3703 Level of Care	ALF	Bed Capacity	55
Mailing Address 1003 S CEDAR ST	County	CASS	DMH Licensed	No
BELTON MO 640	112-3703 <b>Region</b> 3		Facility Number	00342
BRISTOL MANOR OF PLEASANT HILL				
2124 HIGHRIDGE	Telephone	(816) 987-2562	Alzheimer's Unit	No
PLEASANT HILL MO 640		RCF	Bed Capacity	12
Mailing Address 2124 HIGHRIDGE	County	CASS	DMH Licensed	No
PLEASANT HILL MO 640	80-1912 <b>Region</b> 3		Facility Number	16538
BRISTOL MANOR OF RAYMORE	m	(01.6) 222 6722		
604 EAST SUNRISE DRIVE	Telephone	(816) 322-6782	Alzheimer's Unit	No
RAYMORE MO 640		RCF	Bed Capacity	12
Mailing Address 604 EAST SUNRISE DR	County	CASS	DMH Licensed	No
RAYMORE MO 640	83-9037 <b>Region</b> 3		Facility Number	19730
CARNEGIE VILLAGE ASSISTED LIVING 103 BERNARD DRIVE	Telephone	(816) 322-8444	Alzheimer's Unit	No
BELTON MO 640	-	(810) 322-8444 ALF**	Bed Capacity	85
Mailing Address 103 BERNARD DR	County	CASS	DMH Licensed	No
BELTON MO 640	•	CASS	Facility Number	25482
	Region 5		racinty (vamoer	23462
CROWN CARE CENTER 3001 EAST ELM	Telephone	(816) 380-6525	Alzheimer's Unit	No
HARRISONVILLE MO 647	•	SNF	Bed Capacity	118
Mailing Address 3001 EAST ELM	County	CASS	DMH Licensed	No
HARRISONVILLE MO 647	•	Medicare/Medicaid	Facility Number	21031
FOXWOOD SPRINGS LIVING CENTER				
1500 WEST FOXWOOD DRIVE	Telephone	(816) 331-3111	Alzheimer's Unit	No
RAYMORE MO 640	-	ALF**	Bed Capacity	62
Mailing Address 1500 WEST FOXWOOD DRIVE		CASS	DMH Licensed	No
RAYMORE MO 640	•		Facility Number	02649
FOXWOOD SPRINGS LIVING CENTER				
1500 WEST FOXWOOD DRIVE	Telephone	(816) 331-3111	Alzheimer's Unit	No
RAYMORE MO 640	83-9347 Level of Care	SNF	<b>Bed Capacity</b>	108
Mailing Address 1500 WEST FOXWOOD DRIVE	County	CASS	DMH Licensed	No
RAYMORE MO 640	83-9347 <b>Region</b> 3	Medicare/Medicaid	Facility Number	02649

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

COLDENIALE					
GOLDEN YEARS 2001 JEFFERSON PARKWAY		Tolombono	(016) 200 4721	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-3714	Telephone Level of Care	(816) 380-4731 SNF		132
			CASS	Bed Capacity DMH Licensed	No
Mailing Address 2001 JEFFERSON F HARRISONVILLE	MO 64701-3714	County		Facility Number	12458
HARRISONVILLE	WIO 04/01-3/14	Region 3	Medicare/Medicaid	racinty Number	12436
MEADOWVIEW OF HARRISONVI	ILLE HEALTH & REHABILITATION				
2203 EAST MECHANIC STREET		Telephone	(816) 380-2622	Alzheimer's Unit	Yes
HARRISONVILLE	MO 64701-2060	Level of Care	SNF	Bed Capacity	120
Mailing Address 2203 EAST MECHA	ANIC STREET	County	CASS	DMH Licensed	No
HARRISONVILLE	MO 64701-2060	Region 3	Medicare/Medicaid	Facility Number	00968
PLEASANT HILL HEALTH AND R	REHABILITATION CENTER				
1300 BROADWAY		Telephone	(816) 540-2116	Alzheimer's Unit	Yes
PLEASANT HILL	MO 64080-1842	Level of Care	SNF	Bed Capacity	90
Mailing Address 1300 BROADWAY		County	CASS	DMH Licensed	No
PLEASANT HILL	MO 64080-1842	Region 3	Medicare/Medicaid	<b>Facility Number</b>	15101
		G			
REHABILITATION CENTER OF R	RAYMORE, THE		(04.6) 000 4004		
600 EAST SUNRISE DRIVE	NO 64002 0025	Telephone	(816) 322-1991	Alzheimer's Unit	No
RAYMORE	MO 64083-9037	Level of Care	RCF*	Bed Capacity	18 N
Mailing Address 600 EAST SUNRISH		County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region 3		Facility Number	16170
REHABILITATION CENTER OF R	RAYMORE, THE				
600 EAST SUNRISE DRIVE		Telephone	(816) 322-1991	Alzheimer's Unit	Yes
RAYMORE	MO 64083-9037	Level of Care	SNF	Bed Capacity	142
Mailing Address 600 EAST SUNRISE	E DR	County	CASS	DMH Licensed	No
RAYMORE	MO 64083-9037	Region 3	Medicare/Medicaid	Facility Number	16170
RITMORE	WIO 04083-3037	Region 5	Wiedicai e/Wiedicaid	racinty raniser	10170
RETHORE	CED.		Medical e/Medicald	Tuenty (value)	10170
	CED		wedicare/wedicaid	Tuenty Number	10170
COMMUNITY SPRINGS HEALTH	CED	AR		·	
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD	CED.	AR Telephone	(417) 876-2531	Alzheimer's Unit	Yes
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS	CED CARE FACILITY  MO 64744-2024	AR  Telephone Level of Care	(417) 876-2531 SNF	Alzheimer's Unit Bed Capacity	Yes 120
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA	CED  CARE FACILITY  MO 64744-2024 ALRD	Telephone Level of Care County	(417) 876-2531 SNF CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS	CED CARE FACILITY  MO 64744-2024	AR  Telephone Level of Care	(417) 876-2531 SNF	Alzheimer's Unit Bed Capacity	Yes 120
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024	Telephone Level of Care County	(417) 876-2531 SNF CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE	Telephone Level of Care County Region 1 Telephone	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  TIAL CARE  MO 64744-2912	Telephone Level of Care County Region 1  Telephone Level of Care	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No 60
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET	Telephone Level of Care County Region 1  Telephone Level of Care County	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 60 Yes
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  TIAL CARE  MO 64744-2912	Telephone Level of Care County Region 1  Telephone Level of Care	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No 60
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912	Telephone Level of Care County Region 1  Telephone Level of Care County	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 60 Yes
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912	Telephone Level of Care County Region 1  Telephone Level of Care County	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 60 Yes
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  GON STREET  MO 64744-2912  E FACILITY	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  GON STREET  MO 64744-2912  E FACILITY	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 120 No 01740 No 60 Yes 12621
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON Mailing Address PO BOX 945 STOCKTON	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912  E FACILITY  MO 65785-0945  MO 65785-0945	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County County County County County County County County County	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No 01740 No 60 Yes 12621 No 37
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON Mailing Address PO BOX 945 STOCKTON LAKE STOCKTON HEALTHCARI	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912  E FACILITY  MO 65785-0945  MO 65785-0945	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF** CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621 No 37 No 07680
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON Mailing Address PO BOX 945 STOCKTON LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912  E FACILITY  MO 65785-0945  MO 65785-0945  E FACILITY	Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF** CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621 No 37 No 07680
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON Mailing Address PO BOX 945 STOCKTON LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912  E FACILITY  MO 65785-0945  MO 65785-0945	Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF** CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621 No 37 No 07680
COMMUNITY SPRINGS HEALTH 400 EAST HOSPITAL ROAD EL DORADO SPRINGS Mailing Address 400 EAST HOSPITA EL DORADO SPRINGS RESIDENT 805 NORTH JACKSON STREET EL DORADO SPRINGS Mailing Address 805 NORTH JACKS EL DORADO SPRINGS LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD STOCKTON Mailing Address PO BOX 945 STOCKTON LAKE STOCKTON HEALTHCARI 811 OWEN MILL ROAD	CED  CARE FACILITY  MO 64744-2024  AL RD  MO 64744-2024  CIAL CARE  MO 64744-2912  SON STREET  MO 64744-2912  E FACILITY  MO 65785-0945  MO 65785-0945  E FACILITY	Telephone Level of Care County Region 1	(417) 876-2531 SNF CEDAR Medicare/Medicaid (417) 876-4278 RCF CEDAR (417) 276-5126 ALF** CEDAR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 01740 No 60 Yes 12621 No 37 No 07680

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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	· ·				
BRISTOL MANOR OF SALISBURY	•				
102 NORTH WILLIE ST		Telephone	(660) 388-5728	Alzheimer's Unit	No
SALISBURY	MO 65281-1458	Level of Care	RCF	Bed Capacity	12
Mailing Address 102 NORTH WILLIE	EST	County	CHARITON	DMH Licensed	No
SALISBURY	MO 65281-1458	Region 5		Facility Number	18325
		-			
BRUNSWICK NURSING HOME			(550) 540 0400		
721 W HARRISON ST		Telephone	(660) 548-3182	Alzheimer's Unit	No
BRUNSWICK	MO 65236-1096	Level of Care	SNF	Bed Capacity	60
Mailing Address 721 W HARRISON S		County	CHARITON	DMH Licensed	No
BRUNSWICK	MO 65236-1096	Region 5	Medicare/Medicaid	Facility Number	03123
CHARITON PARK HEALTH CARE	CENTER				
902 MANOR DRIVE		Telephone	(660) 388-6486	Alzheimer's Unit	No
SALISBURY	MO 65281-1236	Level of Care	SNF	Bed Capacity	120
Mailing Address 902 MANOR DR		County	CHARITON	DMH Licensed	No
SALISBURY	MO 65281-1236	· _	Medicare/Medicaid	Facility Number	06469
			Tricurcui e/Tricurcuiu		00.05
PIONEER SKILLED NURSING CEN	NTER				
1500 SOUTH KANSAS AVENUE		Telephone	(660) 376-2001	Alzheimer's Unit	No
MARCELINE	MO 64658-1716	Level of Care	SNF	Bed Capacity	96
Mailing Address 1500 S KANSAS AV	E .	County	CHARITON	DMH Licensed	No
MARCELINE	MO 64658-1716	Region 5	Medicare/Medicaid	Facility Number	05900
	C	HRISTIAN			
BAPTIST HOME - OZARK, THE			(445) 504 0404		
1625 WEST GARTON ROAD		Telephone	(417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care	ICF	Bed Capacity	33
Mailing Address PO BOX 1040		County	CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1		Facility Number	21509
BAPTIST HOME - OZARK, THE					
1625 WEST GARTON ROAD		Telephone	(417) 581-2101	Alzheimer's Unit	No
OZARK	MO 65721-6637	Level of Care	ALF**	<b>Bed Capacity</b>	30
Mailing Address PO BOX 1040		County	CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-1040	Region 1		<b>Facility Number</b>	21509
BRADEORD COURT ACCICIED I	IVING DV AMEDICADE				
BRADFORD COURT - ASSISTED L 902 NORTH MAIN	IVING BY AMERICARE	Telephone	(417) 725-0177	Alzheimer's Unit	No
NIXA	MO 65714-9384	Level of Care	ALF**	Bed Capacity	42
Mailing Address 902 NORTH MAIN	WO 03/14-2304	County	CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9384	Region 1	CHRISTIAN	Facility Number	17732
NIAA	WIO 03714-3384	Region 1		Facility Number	17732
CENTURY PINES ASSISTED LIVIN	NG				
709 EAST MCCRACKEN ROAD		Telephone	(417) 581-7278	Alzheimer's Unit	Yes
OZARK	MO 65721-9499	Level of Care	ALF**	<b>Bed Capacity</b>	24
Mailing Address 709 EAST MCCRAC	CKEN ROAD	County	CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-9499	Region 1		Facility Number	01200
CENTURY PINES ASSISTED LIVIN	JC				
709 EAST MCCRACKEN ROAD	10	Telephone	(417) 581-7278	Alzheimer's Unit	No
OZARK	MO 65721-9499	Level of Care	ALF	Bed Capacity	82
Mailing Address 709 EAST MCCRAC		County	CHRISTIAN	DMH Licensed	Yes
OZARK	MO 65721-9499	•	CHRISTIAN	Facility Number	
OLAKK	1410 03/41-7477	Region 1		racinty Number	01200

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ESSEX OF OZARK, THE					
5173 NORTH 22ND		Telephone	(417) 485-4185	Alzheimer's Unit	No
OZARK	MO 65721-7637	Level of Care	RCF	Bed Capacity	12
Mailing Address 5173 NORTH 22ND		County	CHRISTIAN	DMH Licensed	No
OZARK	MO 65721-7637	Region 1		Facility Number	24318
		O			
LIFE ENHANCEMENT VILLAGE		<b></b>	(415) 505 (651		
732 SOUTH GREGG ROAD	MO (5714 7410	Telephone	(417) 725-6671	Alzheimer's Unit	No
NIXA	MO 65714-7419	Level of Care	RCF*	Bed Capacity	44 Yes
Mailing Address 732 SOUTH GREGO NIXA	MO 65714-7419	County Region 1	CHRISTIAN	DMH Licensed Facility Number	
NIAA	WIO 03/14-7419	Region 1		Facility Number	14190
LIFE ENHANCEMENT VILLAGE	OF THE OZARKS				
1111 CARE AVENUE		Telephone	(417) 725-6680	Alzheimer's Unit	No
NIXA	MO 65714-9679	Level of Care	RCF*	Bed Capacity	126
Mailing Address 1111 CARE AVE		County	CHRISTIAN	DMH Licensed	Yes
NIXA	MO 65714-9679	Region 1		Facility Number	15935
NIXA NURSING & REHAB					
1104 NORTH MAIN STREET		Telephone	(417) 725-1777	Alzheimer's Unit	No
NIXA	MO 65714-9316	Level of Care	SNF	Bed Capacity	82
Mailing Address 1104 N MAIN ST		County	CHRISTIAN	DMH Licensed	No
NIXA	MO 65714-9316	Region 1	Medicare/Medicaid	Facility Number	13840
NIXA NURSING & REHAB		Talankana	(417) 705 1777	A 1-1	NI-
1104 NORTH MAIN STREET NIXA	MO 65714-9316	Telephone Level of Care	(417) 725-1777 RCF	Alzheimer's Unit Bed Capacity	No 62
Mailing Address 1104 N MAIN ST	MO 03/14-9310	County	CHRISTIAN	DMH Licensed	No
NIXA	MO 65714 0216		CHRISTIAN	Facility Number	13840
	MO 02/14-9310	Region			
NIAA	MO 65714-9316	Region 1		Facility Number	13040
NORTHPARK VILLAGE - ASSISTI		Region 1		Facility Number	13040
		Telephone	(417) 581-3200	Alzheimer's Unit	No.
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK	ED LIVING BY AMERICARE  MO 65721-7221	Telephone Level of Care	ALF**	Alzheimer's Unit	No 52
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG	ED LIVING BY AMERICARE  MO 65721-7221  HWAY NN	Telephone Level of Care County	` ′	Alzheimer's Unit Bed Capacity DMH Licensed	No 52 No
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK	ED LIVING BY AMERICARE  MO 65721-7221	Telephone Level of Care	ALF**	Alzheimer's Unit	No 52
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG	MO 65721-7221 HWAY NN MO 65721-7221	Telephone Level of Care County	ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 52 No
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK	MO 65721-7221 HWAY NN MO 65721-7221	Telephone Level of Care County	ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 52 No
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT	MO 65721-7221 HWAY NN MO 65721-7221	Telephone Level of Care County Region 1	ALF** CHRISTIAN (417) 581-7126	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688	Telephone Level of Care County Region 1 Telephone	ALF** CHRISTIAN (417) 581-7126	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	No 52 No 20003
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County	ALF** CHRISTIAN  (417) 581-7126 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 52 No 20003 No 120
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVE OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD	Telephone Level of Care County Region 1  Telephone Level of Care County	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 52 No 20003 No 120 No
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVE OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVE OZARK OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK  OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVE OZARK  OZARK  OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 52 No 20003 No 120 No 06240
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIG OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVE OZARK OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 52 No 20003 No 120 No 06240
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK  OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688 MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 52 No 20003 No 120 No 06240
NORTHPARK VILLAGE - ASSISTE 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK  OZARK NURSING & CARE CENTE 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK  OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE RIVERVIEW RESIDENTIAL PLACE	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 90 No 01426
NORTHPARK VILLAGE - ASSISTI 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK OZARK NURSING & CARE CENT 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLAC 1200 WEST HALL STREET	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 90 No 01426
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK OZARK OZARK OZARK OZARK Mailing Address PO BOX 157 OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACED 1200 WEST HALL STREET	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 01426 No 40
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWAY NN OZARK OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157 EE  MO 65721-9103	Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 01426 No 40 No
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK OZARK OZARK OZARK OZARK Mailing Address PO BOX 157 OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACED 1200 WEST HALL STREET	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-7688	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 01426 No 40
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWAY NN OZARK OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157 EE  MO 65721-9103 MO 65721-9103 MO 65721-9103	Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 01426 No 40 No
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGH OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157 EE  MO 65721-9103 MO 65721-9103 MO 65721-9103	Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003 No 120 No 06240 No 01426 No 40 No
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWAY NN OZARK OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK OZARK RIVERVIEW MANOR 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK Mailing Address PO BOX 157 OZARK	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157 EE  MO 65721-9103 MO 65721-9103 MO 65721-9103	Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF* CHRISTIAN  (417) 725-7917 RCF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003  No 120 No 06240  No 90 No 01426  No 40 No 01426
NORTHPARK VILLAGE - ASSISTED 4449 N STATE HIGHWAY NN OZARK Mailing Address 4449 N STATE HIGHWAY NN OZARK OZARK OZARK NURSING & CARE CENTED 1486 NORTH RIVERSIDE ROAD OZARK Mailing Address 1486 NORTH RIVER OZARK OZARK Mailing Address 1486 NORTH RIVER OZARK Mailing Address PO BOX 157 OZARK RIVERVIEW RESIDENTIAL PLACE 1200 WEST HALL STREET OZARK Mailing Address PO BOX 157 OZARK Mailing Address PO BOX 157 OZARK Mailing Address PO BOX 157 OZARK SPECIAL FORCE FAMILY MINIST 428 SOUTH HARRISON ST	MO 65721-7221 HWAY NN MO 65721-7221 ER  MO 65721-7688 RSIDE RD MO 65721-7688  MO 65721-9103 MO 65721-0157 EE  MO 65721-9103 MO 65721-9103 MO 65721-9103	Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	ALF** CHRISTIAN  (417) 581-7126 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-6025 SNF CHRISTIAN  Medicare/Medicaid  (417) 581-2510 RCF* CHRISTIAN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 52 No 20003  No 120 No 06240  No 90 No 01426  No 40 No 01426

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		CL	ARK			
CLARK COUNTY NURSING HOM	 F.					
1260 N JOHNSON ST	Ŀ		Telephone	(660) 727-3303	Alzheimer's Unit	No
KAHOKA	MO 63445	5-1100	Level of Care	` /	Bed Capacity	22
Mailing Address 1260 N JOHNSON S		. 1100	County	CLARK	DMH Licensed	No
KAHOKA	MO 63445	5-1100	Region 5	CLINI	Facility Number	01480
			Region		Tuesting Training	01100
CLARK COUNTY NURSING HOM	E					
1260 N JOHNSON ST			Telephone	(660) 727-3303	Alzheimer's Unit	Yes
KAHOKA	MO 63445	5-1100	Level of Care	SNF	Bed Capacity	103
Mailing Address 1260 N JOHNSON S			County	CLARK	DMH Licensed	No
KAHOKA	MO 63445	5-1100	Region 5	Medicare/Medicaid	Facility Number	01480
		CL	Δ <b>AY</b>			
ASHTON COURT CARE AND REH	IARILITATIO	ON CENTRE				
1200 WEST COLLEGE ST	IADILITATIO	N CENTRE	Telephone	(816) 781-3020	Alzheimer's Unit	Yes
LIBERTY	MO 64068	3-1036	Level of Care	` '	Bed Capacity	140
Mailing Address 1200 WEST COLLE			County	CLAY	DMH Licensed	No
LIBERTY	MO 64068	3-1036	Region 4	Medicare/Medicaid	Facility Number	01961
			8		•	
AVONLEA COTTAGE OF GLADS'	<b>FONE</b>					
2801 NE 60TH STREET			Telephone	(816) 454-7755	Alzheimer's Unit	No
GLADSTONE	MO 64119	9-2040	Level of Care	RCF	Bed Capacity	100
Mailing Address 2801 NE 60TH ST	MO (4110	2040	County	CLAY	DMH Licensed	No
GLADSTONE	MO 64119	9-2040	Region 4		Facility Number	11794
BENTON HOUSE OF SHOAL CRE	EK					
9601 NORTH TULLIS DRIVE			Telephone	(816) 407-9667	Alzheimer's Unit	Yes
KANSAS CITY	MO 64157	7-7890	Level of Care	ALF**	<b>Bed Capacity</b>	88
Mailing Address 9601 NORTH TULL	IS DRIVE		County	CLAY	DMH Licensed	No
KANSAS CITY	MO 64157	7-7890	Region 4		Facility Number	28129
BRISTOL MANOR OF SMITHVILL	LE					
1502 SOUTH COMMERCIAL	o.		Telephone	(816) 532-4490	Alzheimer's Unit	No
SMITHVILLE	MO 64089	9-8474	Level of Care	RCF	Bed Capacity	12
Mailing Address 1502 S COMMERC	IAL		County	CLAY	DMH Licensed	No
SMITHVILLE	MO 64089	9-8474	Region 4		Facility Number	17515
~						
CEDARS OF LIBERTY, INC			Telephone	(016) 701 7600	Alahaiman'a Tinit	No
200 WEST RUTH EWING ROAD LIBERTY	MO 64068	0.0406	Telephone Level of Care	(816) 781-7600 RCF*	Alzheimer's Unit Bed Capacity	No 206
Mailing Address 200 WEST RUTH E		5-9490	County Care	CLAY	DMH Licensed	Yes
LIBERTY	MO 64068	R-9496	Region 4	CLAI	Facility Number	13854
LIDERT I	1110 01000	, , , , , ,	Region		racinty (tumber	13034
EXCELSIOR SPRINGS HOSPITAL	,					
1700 RAINBOW BLVD			Telephone	(816) 630-6081	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024	1-1182	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address 1700 RAINBOW BI	LVD		County	CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024	1-1182	Region 4		Facility Number	20940
EXCELSIOR SPRINGS NURSING	& REHAB					
1003 MEADOWLARK LANE	_		Telephone	(816) 630-3145	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024	1-3304	Level of Care	SNF	<b>Bed Capacity</b>	108
Mailing Address 1003 MEADOWLA	RK LN		County	CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024	1-3304	Region 4	Medicare/Medicaid	<b>Facility Number</b>	19197

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GOLDEN LIVINGCENTER - SMITH	IVILLE				
106 HOSPITAL DRIVE	MO (4000 0222	Telephone	(816) 532-0888	Alzheimer's Unit	Yes
SMITHVILLE	MO 64089-9333	Level of Care		Bed Capacity	100
Mailing Address 106 HOSPITAL DR	MO 64090 0222	County	CLAY	DMH Licensed	No
SMITHVILLE	MO 64089-9333	Region 4	Medicare/Medicaid	Facility Number	07409
HERITAGE VILLAGE OF GLADST	ONE				
3000 NORTH EAST 64TH ST		Telephone	(816) 454-5130	Alzheimer's Unit	No
GLADSTONE	MO 64119-1569	Level of Care	RCF*	<b>Bed Capacity</b>	60
Mailing Address 3000 NE 64TH ST		County	CLAY	DMH Licensed	No
GLADSTONE	MO 64119-1569	Region 4		Facility Number	12510
MAPLE WOOD CARE CENTER					
724 NORTHEAST 79TH TERRACE		Telephone	(816) 436-8940	Alzheimer's Unit	Yes
KANSAS CITY	MO 64118-1564	Level of Care	` '	Bed Capacity	150
Mailing Address 724 NE 79TH TER		County	CLAY	DMH Licensed	No
KANSAS CITY	MO 64118-1564	Region 4	Medicare/Medicaid	Facility Number	05897
				•	
MCCRITE PLAZA AT BRIARCLIFI	F ASSISTED LIVING				
1201 NW TULLISON ROAD		Telephone	(816) 888-7930	Alzheimer's Unit	No
KANSAS CITY	MO 64116-2639	Level of Care		Bed Capacity	44
Mailing Address 1201 NW TULLISON		County	CLAY	DMH Licensed	No
KANSAS CITY	MO 64116-2639	Region 4		Facility Number	29084
MOCKINGBIRD MANOR					
227 W FRANKLIN		Telephone	(816) 781-8058	Alzheimer's Unit	No
LIBERTY	MO 64068-1641	Level of Care	RCF*	<b>Bed Capacity</b>	16
Mailing Address PO BOX 121		County	CLAY	DMH Licensed	Yes
LIBERTY	MO 64069-0121	Region 4		Facility Number	05450
NEW MARK CARE CENTER					
11221 NORTH NASHUA DRIVE		Telephone	(816) 734-4433	Alzheimer's Unit	Yes
KANSAS CITY	MO 64155-1159	Level of Care	` '	Bed Capacity	199
Mailing Address 11221 N NASHUA I		County	CLAY	DMH Licensed	No
KANSAS CITY	MO 64155-1159	Region 4	Medicare/Medicaid	Facility Number	12688
		9		•	
OUR LADY OF MERCY COUNTRY	HOME				
2160 MERCY DRIVE		Telephone	(816) 781-5711	Alzheimer's Unit	No
LIBERTY	MO 64068-7955	Level of Care		Bed Capacity	44
Mailing Address 2160 MERCY DR	NO. 64060 F055	County	CLAY	DMH Licensed	No
LIBERTY	MO 64068-7955	Region 4		Facility Number	06153
PLEASANT VALLEY MANOR CAR	E CENTER				
6814 SOBBIE ROAD		Telephone	(816) 781-5277	Alzheimer's Unit	No
LIBERTY	MO 64068-9555	Level of Care	SNF	<b>Bed Capacity</b>	102
Mailing Address 6814 SOBBIE RD		County	CLAY	DMH Licensed	No
LIBERTY	MO 64068-9555	Region 4	Medicare/Medicaid	Facility Number	06020
CUDEDIOD DADK					
SUPERIOR PARK 410 SUPERIOR STREET		Telephone	(816) 630-3177	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-2456	Level of Care		Bed Capacity	62
Mailing Address 410 SUPERIOR STR		County	CLAY	DMH Licensed	Yes
EXCELSIOR SPRINGS	MO 64024-2456	Region 4	<u> </u>	Facility Number	06942
		8			00,12
VALLEY MANOR AND REHABILIT	TATION CENTER				
1410 HOSPITAL DRIVE		Telephone	(816) 637-1010	Alzheimer's Unit	No
EXCELSIOR SPRINGS	MO 64024-1168	Level of Care		Bed Capacity	120
Mailing Address 1410 HOSPITAL DR		County	CLAY	DMH Licensed	No
EXCELSIOR SPRINGS	MO 64024-1168	Region 4	Medicare/Medicaid	Facility Number	02425

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WESTBROOK CARE CENTER, INC					
401 S. PLATTE CLAY WAY		Telephone	(816) 628-2222	Alzheimer's Unit	No
KEARNEY	MO 64060-7714	Level of Care		Bed Capacity	27
Mailing Address 401 S. PLATTE CLA	Y WAY	County	CLAY	DMH Licensed	No
KEARNEY	MO 64060-7714	Region 4		Facility Number	19757
	CLIN	ΓON			
CAMERON NURSING AND REHAB	ILITATION CENTER				
801 EUCLID AVENUE		Telephone	(816) 632-7254	Alzheimer's Unit	No
CAMERON	MO 64429-2003	Level of Care		Bed Capacity	120
Mailing Address PO BOX 438		County	CLINTON	DMH Licensed	No
CAMERON	MO 64429-0438	Region 4	Medicare/Medicaid	Facility Number	00983
GOWER CONVALESCENT CENTE	R, INC				
323 SOUTH HIGHWAY 169		Telephone	(816) 424-6483	Alzheimer's Unit	No
GOWER	MO 64454-9116	Level of Care	SNF	Bed Capacity	82
Mailing Address PO BOX 170		County	CLINTON	DMH Licensed	No
GOWER	MO 64454-0170	Region 4	Medicare/Medicaid	Facility Number	03107
NICK'S HEALTH CARE CENTER, I	LLC				
253 EAST HIGHWAY 116		Telephone	(816) 539-2376	Alzheimer's Unit	No
PLATTSBURG	MO 64477-1561	Level of Care		Bed Capacity	70
Mailing Address 253 EAST HWY 116		County	CLINTON	DMH Licensed	No
PLATTSBURG	MO 64477-1561	Region 4	Medicare/Medicaid	Facility Number	22058
OAKRIDGE OF PLATTSBURG					
205 EAST CLAY AVE		Telephone	(816) 539-2128	Alzheimer's Unit	No
PLATTSBURG	MO 64477-8100	Level of Care		Bed Capacity	60
Mailing Address PO BOX 247		County	CLINTON	DMH Licensed	No
PLATTSBURG	MO 64477-0247	Region 4	Medicare/Medicaid	Facility Number	05994
	COI	LE			
ADAMS STREET-A STONEBRIDGE	COMMUNITY				
1024 ADAMS ST		Telephone	(573) 635-1320	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-3408	Level of Care		Bed Capacity	120
Mailing Address 1024 ADAMS ST	150	County	COLE	DMH Licensed	No
JEFFERSON CITY	MO 65101-3408	Region 6	Medicare/Medicaid	Facility Number	01339
	CE-ALZHEIMER'S ASSISTED LIVIN				
3409 NORTH 10 MILE DRIVE		Telephone	(573) 556-5648	Alzheimer's Unit	Yes
JEFFERSON CITY	MO 65109-0530	Level of Care		Bed Capacity	24
Mailing Address 3409 NORTH 10 MIL		County	COLE	DMH Licensed	No
JEFFERSON CITY	MO 65109-0530	Region 6		Facility Number	27914
ASHBURY HEIGHTS OF JEFFERSO	ON CITY				
834 WEATHERED ROCK COURT	MO (5101 1004	Telephone	(573) 634-7402	Alzheimer's Unit	No
JEFFERSON CITY	MO 65101-1824	Level of Care		Bed Capacity	12
Mailing Address 834 WEATHERED R		County	COLE	DMH Licensed	Yes
JEFFERSON CITY	MO 65101-1824	Region 6		Facility Number	23936
BRISTOL MANOR OF JEFFERSON	CITY	m	(572) 7.41 5572		
510 KENSINGTON PARK	MO (5100 (247	Telephone	(573) 761-5772	Alzheimer's Unit	No
JEFFERSON CITY	MO 65109-6247	Level of Care		Bed Capacity	12 N-
Mailing Address 510 KENSINGTON P JEFFERSON CITY		County	COLE	DMH Licensed	No
JECCEKSON CILI	MO 65109-6247	Region 6		Facility Number	20116

WESTBROOK CARE CENTER, INC

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CASTLEPARKE #2				
319 PIONEER TRAIL DRIVE	Telephone	(573) 636-5300	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-150	-	RCF	Bed Capacity	12
Mailing Address 319 PIONEER TRAIL DRIVE	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-150	Region 6		<b>Facility Number</b>	25245
CASTLEPARKE RETIREMENT CAMPUS #1				
331 PIONEER TRAIL DRIVE	Telephone	(573) 659-0001	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-150	•	, ,	Bed Capacity	12
Mailing Address 331 PIONEER TRAIL DR	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-150	•	0022	Facility Number	24766
CACCO EDADATE DECIDENCIA CIENCEDO (C				
CASTLEPARKE RETIREMENT CENTER #3	Talankana	(572) (2( 5100	A 1-1	NI-
312 WILDERNESS COURT  JEFFERSON CITY  MO 65109-151-	Telephone Level of Care	(573) 636-5100 RCF	Alzheimer's Unit Bed Capacity	No 12
Mailing Address 312 WILDERNESS CT		COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-1514	County	COLE	Facility Number	25921
JEFFERSON CITT WIO 05109-1519	4 Region 6		Facility Number	23921
GOLDEN LIVINGCENTER - JEFFERSON CITY				
3038 WEST TRUMAN BLVD	Telephone	(573) 893-3404	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-052			Bed Capacity	87
Mailing Address 3038 WEST TRUMAN BLVD	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-052.	5 Region 6	Medicare/Medicaid	Facility Number	04826
HEISINGER LUTHERAN HOME				
1002 WEST MAIN ST	Telephone	(573) 636-6288	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-690	1 Level of Care	ALF**	<b>Bed Capacity</b>	111
Mailing Address 1002 WEST MAIN ST	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-690	1 Region 6		<b>Facility Number</b>	03479
HEISINGER LUTHERAN HOME				
1002 WEST MAIN ST	Telephone	(573) 636-6288	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-690	Level of Care		Bed Capacity	60
Mailing Address 1002 WEST MAIN ST	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-690	1 Region 6	Medicare/Medicaid	<b>Facility Number</b>	03479
JEFFERSON CITY MANOR CARE CENTER				
1720 VIETH DRIVE	Telephone	(573) 635-6193	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-252:	•	* *	Bed Capacity	102
Mailing Address 1720 VIETH DR	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-252:	•	Medicare/Medicaid	Facility Number	03870
JEFFERSON CITY NURSING AND REHABILITATIO		(570) 605 0101		**
1221 SOUTHGATE LANE	Telephone	(573) 635-3131	Alzheimer's Unit	Yes
JEFFERSON CITY MO 65109-246.			Bed Capacity	120
Mailing Address PO BOX 104118	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65110-411	8 Region 6	Medicare/Medicaid	Facility Number	01865
MAPLEWOOD, INC				
1827 CRADER DRIVE	Telephone	(573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-200.			<b>Bed Capacity</b>	13
Mailing Address 1827 CRADER DR	County	COLE	DMH Licensed	Yes
JEFFERSON CITY MO 65109-200.	5 Region 6		Facility Number	16964
MAPLEWOOD, INC				
1827 CRADER DRIVE	Telephone	(573) 635-0023	Alzheimer's Unit	No
JEFFERSON CITY MO 65109-200	5 Level of Care	ALF**	<b>Bed Capacity</b>	24
Mailing Address 1827 CRADER DRIVE	County	COLE	DMH Licensed	No
JEFFERSON CITY MO 65109-200.	5 Region 6		<b>Facility Number</b>	16964

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MELODY HOUSE					
3031 SOUTH TEN MILE DRIVE	TO 17100 1011	Telephone	(573) 893-7228	Alzheimer's Unit	No
	O 65109-6816	Level of Care	RCF*	Bed Capacity	15
Mailing Address 3031 S TEN MILE DR	TO 17100 1011	County	COLE	DMH Licensed	Yes
JEFFERSON CITY M	IO 65109-6816	Region 6		Facility Number	14376
OAK TREE VILLAS - A STONEBRIDGE	E COMMUNITY				
3108 WEST TRUMAN BLVD		Telephone	(573) 893-3063	Alzheimer's Unit	No
JEFFERSON CITY M	O 65109-4918	Level of Care	SNF	Bed Capacity	42
Mailing Address 3108 WEST TRUMAN B	LVD	County	COLE	DMH Licensed	No
	O 65109-4918	Region 6	Medicare	Facility Number	10300
OAK TREE VILLAS - A STONEBRIDGE	E COMMUNITY				
3108 WEST TRUMAN BLVD		Telephone	(573) 893-3063	Alzheimer's Unit	No
	O 65109-4918	Level of Care	ALF	Bed Capacity	80
Mailing Address 3108 WEST TRUMAN B		County	COLE	DMH Licensed	No
JEFFERSON CITY M	O 65109-4918	Region 6		Facility Number	10300
ST JOSEPH'S BLUFFS					
1306 WEST MAIN STREET		Telephone	(573) 635-0166	Alzheimer's Unit	No
JEFFERSON CITY M	IO 65109-1356	Level of Care	SNF	Bed Capacity	69
Mailing Address 1306 WEST MAIN ST		County	COLE	DMH Licensed	No
_	IO 65109-1356	Region 6	Medicare	Facility Number	07572
		O			
VILLA MARIE - A STONEBRIDGE COM	MMUNITY				
1030 EDMONDS STREET		Telephone	(573) 635-3381	Alzheimer's Unit	No
	O 65109-5213	Level of Care	SNF	Bed Capacity	120
Mailing Address 1030 EDMONDS ST		County	COLE	DMH Licensed	No
JEFFERSON CITY M	IO 65109-5213	Region 6	Medicare/Medicaid	Facility Number	08282
		Region 6	Medicare/Medicaid	Facility Number	08282
JEFFERSON CITY M  WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE		Region 6 Telephone	Medicare/Medicaid (573) 635-2600	Facility Number  Alzheimer's Unit	08282 No
WESTBROOK TERRACE - ASSISTED I 3335 NORTH TEN MILE DRIVE		O		Alzheimer's Unit	
WESTBROOK TERRACE - ASSISTED I 3335 NORTH TEN MILE DRIVE	LIVING BY AMERICARE	Telephone	(573) 635-2600	·	No
WESTBROOK TERRACE - ASSISTED I 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE	LIVING BY AMERICARE	Telephone Level of Care	(573) 635-2600 ALF**	Alzheimer's Unit Bed Capacity	No 30
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY Mailing Address 3335 NORTH TEN MILE	LIVING BY AMERICARE  10 65109-0528 12 DR 10 65109-0528	Telephone Level of Care County Region 6	(573) 635-2600 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY Mailing Address 3335 NORTH TEN MILE	LIVING BY AMERICARE  10 65109-0528 E DR	Telephone Level of Care County Region 6	(573) 635-2600 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY Mailing Address 3335 NORTH TEN MILE	LIVING BY AMERICARE  10 65109-0528 12 DR 10 65109-0528	Telephone Level of Care County Region 6	(573) 635-2600 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M	LIVING BY AMERICARE  10 65109-0528 12 DR 10 65109-0528	Telephone Level of Care County Region 6	(573) 635-2600 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD	LIVING BY AMERICARE  10 65109-0528 12 DR 10 65109-0528	Telephone Level of Care County Region 6	(573) 635-2600 ALF** COLE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD	LIVING BY AMERICARE  10 65109-0528 10 65109-0528  COOP	Telephone Level of Care County Region 6 ER	(573) 635-2600 ALF** COLE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD	LIVING BY AMERICARE  10 65109-0528 10 65109-0528  COOP	Telephone Level of Care County Region 6  ER  Telephone Level of Care County	(573) 635-2600 ALF** COLE (660) 882-6584 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 No 20440 No 52
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M	COOP:	Telephone Level of Care County Region 6  ER  Telephone Level of Care County	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No 20440 No 52 No
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD BOONVILLE M Mailing Address 1630 RADIO HILL RD BOONVILLE M BRISTOL MANOR OF BOONVILLE	COOP:	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED II 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD BOONVILLE M Mailing Address 1630 RADIO HILL RD BOONVILLE M  BRISTOL MANOR OF BOONVILLE 1290 ASHLEY ROAD	COOP:  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED IT 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD BOONVILLE M Mailing Address 1630 RADIO HILL RD BOONVILLE M  BRISTOL MANOR OF BOONVILLE 1290 ASHLEY ROAD BOONVILLE M BOONVILLE	COOP:	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD	COOP.	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD	COOP:  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD  BOONVILLE M	COOP.  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD	COOP.  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 635-2600 ALF** COLE (660) 882-6584 SNF COOPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 No 20440 No 52 No 00216
WESTBROOK TERRACE - ASSISTED IT  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD  BOONVILLE M  HARTMANN VILLAGE - ASSISTED LIT  615 RANKIN MILL LANE	COOP.  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County	(573) 635-2600 ALF** COLE  (660) 882-6584 SNF COOPER Medicare/Medicaid  (660) 882-3393 RCF COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440 No 52 No 00216 No 12 No 17310
WESTBROOK TERRACE - ASSISTED I  3335 NORTH TEN MILE DRIVE  JEFFERSON CITY M  Mailing Address 3335 NORTH TEN MILE  JEFFERSON CITY M  ASHLEY MANOR CARE CENTER  1630 RADIO HILL ROAD  BOONVILLE M  Mailing Address 1630 RADIO HILL RD  BOONVILLE M  BRISTOL MANOR OF BOONVILLE  1290 ASHLEY ROAD  BOONVILLE M  Mailing Address 1290 ASHLEY RD  BOONVILLE M  HARTMANN VILLAGE - ASSISTED LI  615 RANKIN MILL LANE	COOP.  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone	(573) 635-2600 ALF** COLE  (660) 882-6584 SNF COOPER Medicare/Medicaid  (660) 882-3393 RCF COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440  No 52 No 00216  No 12 No 17310
WESTBROOK TERRACE - ASSISTED IT 3335 NORTH TEN MILE DRIVE JEFFERSON CITY M Mailing Address 3335 NORTH TEN MILE JEFFERSON CITY M  ASHLEY MANOR CARE CENTER 1630 RADIO HILL ROAD BOONVILLE M Mailing Address 1630 RADIO HILL RD BOONVILLE M  BRISTOL MANOR OF BOONVILLE 1290 ASHLEY ROAD BOONVILLE M Mailing Address 1290 ASHLEY RD BOONVILLE M  HARTMANN VILLAGE - ASSISTED LIT 615 RANKIN MILL LANE BOONVILLE M Mailing Address 615 RANKIN MILL LN	COOP.  CO	Telephone Level of Care County Region 6  ER  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 635-2600 ALF** COLE  (660) 882-6584 SNF COOPER Medicare/Medicaid  (660) 882-3393 RCF COOPER	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 No 20440  No 52 No 00216  No 12 No 17310

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KATY MANOR					
205 PROSPECT		Telephone	(660) 834-3111	Alzheimer's Unit	No
PILOT GROVE	MO 65276-1111	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 8		County	COOPER	DMH Licensed	No
PILOT GROVE	MO 65276-0008	Region 6	Medicare/Medicaid	Facility Number	14982
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER				
1450 ASHLEY ROAD		Telephone	(660) 882-7007	Alzheimer's Unit	No
BOONVILLE	MO 65233-2141	Level of Care	SNF	Bed Capacity	60 N
Mailing Address 1450 ASHLEY RD BOONVILLE	MO 65233-2141	County Region 6	COOPER	DMH Licensed	No 01602
BOONVILLE	WIO 03233-2141	Kegion 0	Medicare/Medicaid	Facility Number	01002
LAKEVIEW HEALTH CARE & RE	HABILITATION CENTER	T 1 1	(((0) 002 7007	AT THE STATE	N
1450 ASHLEY ROAD BOONVILLE	MO 65222 2141	Telephone Level of Care	(660) 882-7007 ICF	Alzheimer's Unit	No 19
Mailing Address 1450 ASHLEY RD	MO 65233-2141	County	COOPER	Bed Capacity DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	Medicare/Medicaid	Facility Number	01602
		Kegion 0	Wedicar C/Wedicard	Tuesday Tuesday	01002
LAKEVIEW HEALTH CARE & REI	HABILITATION CENTER	m	(((0) 000 7007		N
1450 ASHLEY ROAD BOONVILLE	MO 65233-2141	Telephone	(660) 882-7007 RCF*	Alzheimer's Unit	No 17
Mailing Address 1450 ASHLEY RD	MO 03233-2141	Level of Care County	COOPER	Bed Capacity DMH Licensed	No
BOONVILLE	MO 65233-2141	Region 6	COOLEK	Facility Number	01602
		region		Tuesday Tuesday	01002
RIVERDELL CARE CENTER			(550) 000 7500		
1121 11TH STREET	MO 65222 1410	Telephone	(660) 882-7600	Alzheimer's Unit	No
BOONVILLE  Mailing Address 1121 11TH ST	MO 65233-1419	Level of Care County	SNF COOPER	Bed Capacity DMH Licensed	60 No
BOONVILLE	MO 65233-1419	Region 6	Medicare/Medicaid	Facility Number	14428
		receion .	micula contractula		11120
	CDANA	CORD			
	CRAWI	FORD			
	CRAWI DF CUBA, MEMORY CARE ASSISTEI	) LIVING BY AN			
903 HWY DD	OF CUBA, MEMORY CARE ASSISTEI	D LIVING BY AN Telephone	(573) 885-0379	Alzheimer's Unit	Yes
903 HWY DD CUBA		D LIVING BY AN Telephone Level of Care	(573) 885-0379 ALF**	<b>Bed Capacity</b>	32
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD	OF CUBA, MEMORY CARE ASSISTEI MO 65453-8089	D LIVING BY AM Telephone Level of Care County	(573) 885-0379	Bed Capacity DMH Licensed	32 No
903 HWY DD CUBA <b>Mailing Address</b> 903 HWY DD CUBA	OF CUBA, MEMORY CARE ASSISTEI	D LIVING BY AN Telephone Level of Care	(573) 885-0379 ALF**	<b>Bed Capacity</b>	32
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA BARNABAS REDWOOD MANOR	OF CUBA, MEMORY CARE ASSISTEI MO 65453-8089	D LIVING BY AN Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD	Bed Capacity DMH Licensed Facility Number	32 No 27071
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA BARNABAS REDWOOD MANOR 1194 LANDON ROAD	DF CUBA, MEMORY CARE ASSISTEI  MO 65453-8089  MO 65453-8089	D LIVING BY AN Telephone Level of Care County Region 6 Telephone	(573) 885-0379 ALF** CRAWFORD (573) 468-8150	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	32 No 27071
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON	OF CUBA, MEMORY CARE ASSISTEI MO 65453-8089	D LIVING BY AN Telephone Level of Care County Region 6 Telephone Level of Care	(573) 885-0379 ALF** CRAWFORD (573) 468-8150 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 46
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD	MO 65453-8089  MO 65441-8218	D LIVING BY AN Telephone Level of Care County Region 6 Telephone Level of Care County	(573) 885-0379 ALF** CRAWFORD (573) 468-8150	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 46 Yes
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON  Mailing Address 1194 LANDON RD BOURBON	DF CUBA, MEMORY CARE ASSISTEI  MO 65453-8089  MO 65453-8089	D LIVING BY AN Telephone Level of Care County Region 6 Telephone Level of Care	(573) 885-0379 ALF** CRAWFORD (573) 468-8150 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 46
903 HWY DD CUBA  Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC	MO 65453-8089  MO 65441-8218	D LIVING BY AN Telephone Level of Care County Region 6 Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD (573) 468-8150 RCF CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE	MO 65453-8089  MO 65441-8218  MO 65441-8218	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD (573) 468-8150 RCF CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE CUBA	MO 65453-8089  MO 65441-8218	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	32 No 27071 No 46 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE	MO 65453-8089  MO 65441-8218  MO 65441-8218	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD (573) 468-8150 RCF CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE CUBA Mailing Address 210 ELDON DR CUBA	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF CRAWFORD	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	32 No 27071 No 46 Yes 08609 No
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE CUBA Mailing Address 210 ELDON DR CUBA GIBBS CARE CENTER	MO 65453-8089  MO 65441-8218  MO 65453-1642	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF CRAWFORD  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609 No 21149
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DRIVE CUBA Mailing Address 210 ELDON DR CUBA GIBBS CARE CENTER 311 NORTH SPRING STREET	MO 65453-8089  MO 65441-8218  MO 65453-1642  MO 65453-1642	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF CRAWFORD  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609 No 21149
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON CUBA MANOR, INC 210 ELDON DRIVE CUBA Mailing Address 210 ELDON DR CUBA GIBBS CARE CENTER	MO 65453-8089  MO 65441-8218  MO 65453-1642  MO 65565-5089	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF CRAWFORD  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609 No 21149
903 HWY DD CUBA Mailing Address 903 HWY DD CUBA  BARNABAS REDWOOD MANOR 1194 LANDON ROAD BOURBON Mailing Address 1194 LANDON RD BOURBON  CUBA MANOR, INC 210 ELDON DRIVE CUBA Mailing Address 210 ELDON DR CUBA GIBBS CARE CENTER 311 NORTH SPRING STREET STEELVILLE	MO 65453-8089  MO 65441-8218  MO 65453-1642  MO 65565-5089	D LIVING BY AN Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	(573) 885-0379 ALF** CRAWFORD  (573) 468-8150 RCF CRAWFORD  (573) 885-4500 SNF CRAWFORD  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	32 No 27071 No 46 Yes 08609 No 21149

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GIPPG MANOP					
GIBBS MANOR 311 NORTH SPRING STREET		Telephone	(573) 775-5815	Alzheimer's Unit	No
STEELVILLE	MO 65565-5089	Level of Care	` /	Bed Capacity	26
Mailing Address 311 NORTH SPRING		County	CRAWFORD	DMH Licensed	No
STEELVILLE	MO 65565-5089	Region 6		Facility Number	02860
		0			
MERAMEC NURSING CENTER			(550) 450 5500		
940 MATTOX DRIVE	MO 62090 2264	Telephone	(573) 468-7733	Alzheimer's Unit	No 60
SULLIVAN Mailing Address 040 MATTOY DR	MO 63080-2364	Level of Care	SNF CRAWFORD	Bed Capacity DMH Licensed	No
Mailing Address 940 MATTOX DR SULLIVAN	MO 63080-2364	County Region 6	Medicare/Medicaid	Facility Number	18277
SCLEIVIII	WO 03000 2304	Region 0	Wiedicai e/Wiedicaid	racinty Number	10277
ROCK SPRINGS RESIDENTIAL, LL	.C				
81 PILKENTON LANE		Telephone	(573) 885-6443	Alzheimer's Unit	No
CUBA	MO 65453-8136	Level of Care		Bed Capacity	18
Mailing Address 81 PILKENTON LN		County	CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8136	Region 6		Facility Number	15026
STUBBLEFIELD RETIREMENT HO	OME				
5349 HIGHWAY P		Telephone	(573) 885-3661	Alzheimer's Unit	No
CUBA	MO 65453-6281	Level of Care	RCF*	<b>Bed Capacity</b>	34
Mailing Address PO BOX 647		County	CRAWFORD	DMH Licensed	Yes
CUBA	MO 65453-0647	Region 6		Facility Number	17894
SUNSHINE ACRES RESIDENTIAL (	CARE				
541 ROCK ROAD	CARE	Telephone	(573) 732-5366	Alzheimer's Unit	No
BOURBON	MO 65441-6324	Level of Care	` '	Bed Capacity	20
Mailing Address PO BOX 67		County	CRAWFORD	DMH Licensed	Yes
BOURBON	MO 65441-0067	Region 6		Facility Number	03540
WICEODIAN DI ACE OF CUDA DEC	NIDENTELAL CADE DY AMERICADE				
VICTORIAN PLACE OF CUBA, RES 901 HIGHWAY DD	SIDENTIAL CARE BY AMERICARE	Telephone	(573) 885-0551	Alzheimer's Unit	No
CUBA	MO 65453-8089	Level of Care	` '	Bed Capacity	48
Mailing Address 901 HWY DD	110 03433 0007	County	CRAWFORD	DMH Licensed	No
CUBA	MO 65453-8089	Region 6		Facility Number	25463
	DAE				
	DAD	)Ł			
DADE COUNTY NURSING HOME D	DISTRICT				
400 BROAD ST		Telephone	(417) 637-5315	Alzheimer's Unit	No
GREENFIELD	MO 65661-1405	Level of Care	SNF	Bed Capacity	114
Mailing Address 400 BROAD ST		County	DADE	DMH Licensed	No
GREENFIELD	MO 65661-1405	Region 1	Medicare/Medicaid	Facility Number	02006
DADE COUNTY RESIDENTIAL CA	RE FACILITY				
400 BROAD ST		Telephone	(417) 637-5315	Alzheimer's Unit	No
GREENFIELD	MO 65661-1405	Level of Care		Bed Capacity	24
Mailing Address 400 BROAD		County	DADE	DMH Licensed	No
GREENFIELD	MO 65661-1405	Region 1		Facility Number	02006
COOD SHEDHEDD MIDSING HOM	E.				
GOOD SHEPHERD NURSING HOM 200 WEST 12TH ST	E.	Telephone	(417) 232-4571	Alzheimer's Unit	Yes
LOCKWOOD	MO 65682-8337	Level of Care		Bed Capacity	69
Mailing Address 200 WEST 12TH ST	- 2244- 424	County	DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1	Medicare/Medicaid	Facility Number	03051
		J		-	

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GOOD SHEPHERD RESIDENTIAL	CARE FACILITY				
200 WEST 12TH	CARE FACILITY	Telephone	(417) 232-4571	Alzheimer's Unit	No
LOCKWOOD	MO 65682-8337	Level of Care	RCF*	Bed Capacity	20
Mailing Address 200 WEST 12TH		County	DADE	DMH Licensed	No
LOCKWOOD	MO 65682-8337	Region 1		Facility Number	03051
	DAl	LLAS			
BRISTOL MANOR OF BUFFALO					
1002 SOUTH BIRCH		Telephone	(417) 345-5500	Alzheimer's Unit	No
BUFFALO	MO 65622-9455	Level of Care	RCF	Bed Capacity	12
Mailing Address 1002 SOUTH BIRCH	I	County	DALLAS	DMH Licensed	No
BUFFALO	MO 65622-9455	Region 1		Facility Number	18142
BUFFALO PRAIRIE CARE CENTEI	R				
631 WEST MAIN ST		Telephone	(417) 345-5422	Alzheimer's Unit	Yes
BUFFALO	MO 65622-7496	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 631 WEST MAIN ST		County	DALLAS	DMH Licensed	No
BUFFALO	MO 65622-7496	Region 1	Medicare/Medicaid	Facility Number	16700
COLONIAL SPRINGS HEALTHCAI	RE CENTER				
750 W COOPER STREET		Telephone	(417) 345-2228	Alzheimer's Unit	Yes
BUFFALO	MO 65622-8662	Level of Care	SNF	Bed Capacity	134
Mailing Address PO BOX 978		County	DALLAS	DMH Licensed	No
BUFFALO	MO 65622-0978	Region 1	Medicare/Medicaid	Facility Number	01302
PINE LODGE RESIDENTIAL CARE	E				
967 N MAPLE ST		Telephone	(417) 345-0310	Alzheimer's Unit	No
BUFFALO	MO 65622-7568	Level of Care	RCF	Bed Capacity	20
Mailing Address 967 N MAPLE ST		County	DALLAS	DMH Licensed	No
BUFFALO	MO 65622-7568	Region 1		Facility Number	25563
URBANA REST HOME					
310 WALNUT STREET		Telephone	(417) 993-4638	Alzheimer's Unit	No
URBANA	MO 65767-9208	Level of Care	RCF	Bed Capacity	20
Mailing Address 310 WALNUT ST	NO. 65767.0200	County	DALLAS	DMH Licensed	Yes
URBANA	MO 65767-9208	Region 1		Facility Number	08242
	DAV	/IESS			
DAVIESS COUNTY NURSING AND	REHABILITATION				
1337 WEST GRAND		Telephone	(660) 663-2197	Alzheimer's Unit	Yes
GALLATIN	MO 64640-8320	Level of Care	SNF	Bed Capacity	97
Mailing Address 1337 WEST GRAND		County	DAVIESS	DMH Licensed	No
GALLATIN	MO 64640-8320	Region 4	Medicare/Medicaid	Facility Number	02032
	DEF	KALB			
BRISTOL MANOR OF CAMERON					
920 NORTH HARRIS		Telephone	(816) 632-6133	Alzheimer's Unit	No
CAMERON	MO 64429-1145	Level of Care	RCF	Bed Capacity	12
Mailing Address 920 NORTH HARRIS		County	DEKALB	DMH Licensed	No
CAMERON	MO 64429-1145	Region 4		Facility Number	18295
MAYSVILLE SENIOR LIVING					
604 SOUTH POLK		Telephone	(816) 449-2741	Alzheimer's Unit	No
MAYSVILLE	MO 64469-4033	Level of Care	RCF	Bed Capacity	12
Mailing Address 604 S POLK	MO 64460 4022	County	DEKALB	DMH Licensed	Yes
MAYSVILLE	MO 64469-4033	Region 4		Facility Number	18304

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QUAIL RUN HEALTH CARE CE	NTED				
1405 WEST GRAND AVENUE	NIEK	Telephone	(816) 632-2151	Alzheimer's Unit	Yes
CAMERON	MO 64429-1118	Level of Care	SNF	Bed Capacity	84
Mailing Address PO BOX 525	1110 04425 1110	County	DEKALB	DMH Licensed	No
CAMERON	MO 64429-0525	Region 4	Medicare/Medicaid	Facility Number	03829
CHINEROIT	1110 0442) 0323	Kegion 4	Medical e/Medicald	racinty runner	03027
SUNSET HOME					
1201 SOUTH POLK		Telephone	(816) 449-2158	Alzheimer's Unit	No
MAYSVILLE	MO 64469-4028	Level of Care	SNF	Bed Capacity	60
Mailing Address 1201 S POLK		County	DEKALB	DMH Licensed	No
MAYSVILLE	MO 64469-4028	Region 4	Medicare/Medicaid	Facility Number	07798
VILLAGE WEST, THE					
318 EAST LITTLE BRICK ROAD		Telephone	(816) 632-1121	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care	RCF*	Bed Capacity	27
Mailing Address 318 EAST LITTLE	E BRICK RD	County	DEKALB	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4		Facility Number	18104
VILLAGE, THE		m	(016) (00 7611		
320 EAST LITTLE BRICK ROAD	150 (1100 1001	Telephone	(816) 632-7611	Alzheimer's Unit	No
CAMERON	MO 64429-1231	Level of Care	RCF*	Bed Capacity	49
Mailing Address 320 EAST LITTLE		County	DEKALB	DMH Licensed	No
CAMERON	MO 64429-1231	Region 4		Facility Number	08945
		DENT			
DENT COUNTY RESIDENTIAL (	CARE, LLC				
22151 EAST HIGHWAY 32		Telephone	(573) 626-4611	Alzheimer's Unit	No
BOSS	MO 65440-7602	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address PO BOX 320		County	DENT	DMH Licensed	Yes
BOSS	MO 65440-0320	Region 6		Facility Number	15016
SALEM CARE CENTER					
1203 NORTH JACKSON		Telephone	(573) 729-6649	Alzheimer's Unit	No
SALEM	MO 65560-1076	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 29	WO 03300-1070	County	DENT	DMH Licensed	No
SALEM	MO 65560-0029	•			
SALEM	MO 03300-0029	Region 6	Medicaid	Facility Number	02354
SALEM RESIDENTIAL CARE					
1207 EAST ROOSEVELT ST		Telephone	(573) 729-9449	Alzheimer's Unit	No
SALEM	MO 65560-9676	Level of Care	RCF*	Bed Capacity	35
Mailing Address 1207 EAST ROOS	EVELT ST	County	DENT	DMH Licensed	No
SALEM	MO 65560-9676	Region 6		Facility Number	19746
SEVILLE CARE CENTER					
35625 HIGHWAY 72		Telephone	(573) 729-6141	Alzheimer's Unit	No
SALEM	MO 65560-7217	Level of Care	SNF	<b>Bed Capacity</b>	90
Mailing Address PO BOX 746		County	DENT	DMH Licensed	No
SALEM	MO 65560-0746	Region 6	Medicare/Medicaid	Facility Number	07110
		DOUGLAS			
		2 3 6 62.16			
AVA PLACE		_			
1000 NW 3RD ST		Telephone	(417) 683-6999	Alzheimer's Unit	No
AVA	MO 65608-	Level of Care	RCF*	Bed Capacity	40
Mailing Address PO BOX 1269		County	DOUGLAS	DMH Licensed	Yes

**Facility Number** 

20718

MO 65608-1269

AVA

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HEART OF THE OZARKS HEALT	HCARE CENTER				
2004 CRESTVIEW ST	MO (5500 0000	Telephone	(417) 683-4129	Alzheimer's Unit	No
AVA	MO 65608-8903	Level of Care		Bed Capacity	120
Mailing Address PO BOX 727	MO (5500 0707	County	DOUGLAS	DMH Licensed	No
AVA	MO 65608-0727	Region 1	Medicare/Medicaid	Facility Number	01290
	DU	NKLIN			
GENERAL BAPTIST NURSING HO	OME				
17108 US HIGHWAY 62		Telephone	(573) 246-2155	Alzheimer's Unit	Yes
CAMPBELL	MO 63933-6383	Level of Care		Bed Capacity	90
Mailing Address 17108 US HWY 62		County	DUNKLIN	DMH Licensed	No
CAMPBELL	MO 63933-6383	Region 2	Medicare/Medicaid	Facility Number	02820
GOLDEN LIVINGCENTER - MALI	DEN				
500 BARRETT DRIVE		Telephone	(573) 276-3843	Alzheimer's Unit	No
MALDEN	MO 63863-1204	Level of Care		Bed Capacity	96
Mailing Address 500 BARRETT DR		County	DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1204	Region 2	Medicare/Medicaid	Facility Number	06656
HAMPTON HOUSE OF MALDEN,	INC				
201 NORTH DECATUR		Telephone	(573) 276-6054	Alzheimer's Unit	No
MALDEN	MO 63863-2017	Level of Care	RCF*	Bed Capacity	22
Mailing Address 201 N DECATUR		County	DUNKLIN	DMH Licensed	Yes
MALDEN	MO 63863-2017	Region 2		Facility Number	03331
HAVEN, THE					
614 SOUTH BY-PASS		Telephone	(573) 888-1201	Alzheimer's Unit	No
KENNETT	MO 63857-3240	Level of Care	RCF*	<b>Bed Capacity</b>	64
Mailing Address 612 SOUTH BY-PAS	SS	County	DUNKLIN	DMH Licensed	Yes
KENNETT	MO 63857-3240	Region 2		Facility Number	27620
HERITAGE NURSING CENTER - S	KILLED NURSING BY AMERICAL	RE			
1802 SAINT FRANCIS ST		Telephone	(573) 888-1044	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care	SNF	<b>Bed Capacity</b>	72
Mailing Address PO BOX 827		County	DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0827	Region 2	Medicare/Medicaid	Facility Number	17533
MALDEN NURSING & REHAB					
1209 STOKELAN		Telephone	(573) 276-5115	Alzheimer's Unit	Yes
MALDEN	MO 63863-1335	Level of Care	SNF	Bed Capacity	70
Mailing Address 1209 STOKELAN		County	DUNKLIN	DMH Licensed	No
MALDEN	MO 63863-1335	Region 2	Medicare/Medicaid	Facility Number	12465
NHC HEALTHCARE, KENNETT					
1120 FALCON		Telephone	(573) 888-1150	Alzheimer's Unit	Yes
KENNETT	MO 63857-3825	Level of Care		Bed Capacity	170
Mailing Address PO BOX 696		County	DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0696	Region 2	Medicare/Medicaid	Facility Number	04268
SENATH NURSING AND REHABIL	LITATION, LLC				
300 EAST HORNBECK STREET		Telephone	(573) 738-2627	Alzheimer's Unit	No
SENATH	MO 63876-9225	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 940		County	DUNKLIN	DMH Licensed	No
SENATH	MO 63876-0940	Region 2	Medicare/Medicaid	Facility Number	07075

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SENATH SOUTH NURSING AND RI	EHABILITATION, LLC				
300 EAST HORNBECK STREET		Telephone	(573) 738-2627	Alzheimer's Unit	No
SENATH	MO 63876-9225	Level of Care		Bed Capacity	30
Mailing Address PO BOX 940	140	County	DUNKLIN	DMH Licensed	No
SENATH	MO 63876-0940	Region 2	Medicare/Medicaid	Facility Number	16147
SOUTHAVEN					
612 SOUTH BYPASS EAST		Telephone	(573) 888-9213	Alzheimer's Unit	No
KENNETT	MO 63857-3240	Level of Care	RCF*	Bed Capacity	40
Mailing Address 612 SOUTH BYPASS	SEAST	County	DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-3240	Region 2		Facility Number	24336
ST FRANCIS PARK - ASSISTED LIV	VING BY AMERICARE				
1806 SAINT FRANCIS ST		Telephone	(573) 888-1188	Alzheimer's Unit	No
KENNETT	MO 63857-1568	Level of Care	ALF**	<b>Bed Capacity</b>	50
Mailing Address PO BOX 629		County	DUNKLIN	DMH Licensed	No
KENNETT	MO 63857-0629	Region 2		Facility Number	18903
	FRANI	KLIN			
APROPS AT VICTORIAN PLACE C	OF WASHINGTON, MEMORY CARE	ASSISTED I IVI	NC RV AMERICARE	тиг	
2701 RABBIT TRAIL DRIVE	Wishington, Wellow Chief	Telephone	(636) 390-0011	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-6711	Level of Care	, ,	Bed Capacity	32
Mailing Address 2701 RABBIT TRAIL		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6711	Region 6		Facility Number	28065
ADVICANA GADO GENERO					
ARIZONA CARE CENTER		T 1 1	(572) 227 4920	A1 1	NI-
101 ARIZONA ST	MO (2009 1210	Telephone	(573) 237-4830 ALF	Alzheimer's Unit	No 15
NEW HAVEN	MO 63068-1210	Level of Care	FRANKLIN	Bed Capacity DMH Licensed	Yes
Mailing Address 101 ARIZONA ST NEW HAVEN	MO 63068-1210	County Region 6	FRANKLIN	Facility Number	19080
NEW HAVEN	MO 03006-1210	Region 0		racinty Number	19080
BRISTOL MANOR OF PACIFIC					
2049 ROSE LANE		Telephone	(636) 257-8020	Alzheimer's Unit	No
PACIFIC	MO 63069-1165	Level of Care	RCF	Bed Capacity	12
Mailing Address 2049 ROSE LN		County	FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1165	Region 6		Facility Number	20237
BRISTOL MANOR OF WASHINGTO	ON				
100 WEST 12TH ST		Telephone	(636) 390-0050	Alzheimer's Unit	No
WASHINGTON	MO 63090-4445	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 100 WEST 12TH ST		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-4445	Region 6		Facility Number	20138
CEDARCREST MANOR					
324 WEST 5TH ST		Telephone	(636) 239-7848	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-2306	Level of Care	` '	Bed Capacity	177
Mailing Address 324 WEST 5TH ST		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-2306	Region 6	Medicare/Medicaid	Facility Number	01160
CRAB APPLE VILLAGE SENIOR E	STATES				
214 HARTMAN PL, SUITE 100	× 11110	Telephone	(636) 629-6161	Alzheimer's Unit	Yes
SAINT CLAIR	MO 63077-2458	Level of Care	, ,	Bed Capacity	45
Mailing Address 214 HARTMAN PL,		County	FRANKLIN	DMH Licensed	No
		-			

**Facility Number** 

24395

MO 63077-2458

SAINT CLAIR

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DUNSFORD COURT - ASSISTED LI	IVING BY AMERICARE				
775 DUNSFORD ROAD		Telephone	(573) 468-2600	Alzheimer's Unit	No
SULLIVAN	MO 63080-1270	Level of Care		Bed Capacity	50
Mailing Address 775 DUNSFORD RD		County	FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1270	Region 6		Facility Number	16094
GERALD NURSING & REHAB					
533 CANAAN ROAD		Telephone	(573) 764-2135	Alzheimer's Unit	No
GERALD	MO 63037-2515	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 180		County	FRANKLIN	DMH Licensed	No
GERALD	MO 63037-0180	Region 6	Medicare/Medicaid	Facility Number	13926
GRANDVIEW HEALTHCARE CEN	TED				
201 GRAND AVENUE	IER	Telephone	(636) 239-9190	Alzheimer's Unit	No
WASHINGTON	MO 63090-1209	Level of Care	` '	Bed Capacity	102
Mailing Address 201 GRAND AVE	MG 03090 1209	County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-1209	Region 6	Medicare/Medicaid	Facility Number	15045
				·	
HAPPY ACRES					
2665 NORTH SERVICE ROAD EAST		Telephone	(573) 927-5562	Alzheimer's Unit	No
SULLIVAN	MO 63080-4024	Level of Care		Bed Capacity	16
Mailing Address 2665 N SERVICE RI		County	FRANKLIN	DMH Licensed	Yes
SULLIVAN	MO 63080-4024	Region 6		Facility Number	03357
LIFE CARE CENTER OF SULLIVA	N				
875 DUNSFORD DRIVE		Telephone	(573) 468-3128	Alzheimer's Unit	No
SULLIVAN	MO 63080-1238	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 875 DUNSFORD DR		County	FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1238	Region 6	Medicare/Medicaid	Facility Number	07744
NEW HAVEN CARE CENTER					
9503 HIGHWAY 100		Telephone	(573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care	ALF	Bed Capacity	16
Mailing Address 9503 HWY 100	112 00000 1000	County	FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6		Facility Number	05738
		8		·	
NEW HAVEN CARE CENTER					
9503 HIGHWAY 100		Telephone	(573) 237-2103	Alzheimer's Unit	No
NEW HAVEN	MO 63068-1300	Level of Care		Bed Capacity	90
Mailing Address 9503 HWY 100	NO 62060 1200	County	FRANKLIN	DMH Licensed	No
NEW HAVEN	MO 63068-1300	Region 6	Medicare/Medicaid	Facility Number	05738
PACIFIC CARE CENTER, LLC					
105 SOUTH SIXTH STREET		Telephone	(636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 105 S SIXTH ST		County	FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	Medicare/Medicaid	Facility Number	12638
DACIEIC CADE CENTED II C					
PACIFIC CARE CENTER, LLC 105 SOUTH SIXTH STREET		Telephone	(636) 271-4222	Alzheimer's Unit	No
PACIFIC	MO 63069-1328	Level of Care		Bed Capacity	16
Mailing Address 105 S SIXTH ST	1.10 00005 1020	County	FRANKLIN	DMH Licensed	No
PACIFIC	MO 63069-1328	Region 6	1232/21.1	Facility Number	12638
					12000
RIDGEWAY RESIDENTIAL CARE		_			
431 RUSSELL		Telephone	(573) 468-4318	Alzheimer's Unit	No
SULLIVAN	MO 63080-2228	Level of Care	ALF	Bed Capacity	20
Mailing Address PO BOX 267	MO <2000 02<7	County	FRANKLIN	DMH Licensed	Yes
SULLIVAN	MO 63080-0267	Region 6		Facility Number	06668

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SOUTH POINTE - ASSISTED LIVIN	NG BY AMERICARE				
5125 OLD HWY 100		Telephone	(636) 239-0670	Alzheimer's Unit	Yes
WASHINGTON	MO 63090-3855	Level of Care	ALF**	Bed Capacity	66
Mailing Address 5125 OLD HWY 100		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-3855	Region 6		Facility Number	13735
ST CLAIR NURSING CENTER					
1035 PLAZA COURT NORTH		Telephone	(636) 629-2100	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1129	Level of Care	SNF	Bed Capacity	79
Mailing Address 1035 PLAZA CT NO	DRTH	County	FRANKLIN	DMH Licensed	No
SAINT CLAIR	MO 63077-1129	Region 6	Medicare/Medicaid	Facility Number	13744
		3		·	
SUNSET HEALTH CARE CENTER					
400 WEST PARK AVENUE		Telephone	(636) 583-2252	Alzheimer's Unit	No
UNION	MO 63084-1140	Level of Care	SNF	Bed Capacity	120
Mailing Address 400 WEST PARK A		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1140	Region 6	Medicare/Medicaid	Facility Number	07831
VICTORIAN PLACE OF ST CLAIR	R, RESIDENTIAL CARE BY AMERIC	ARE			
160 CHARLES DRIVE	,	Telephone	(636) 322-0003	Alzheimer's Unit	No
SAINT CLAIR	MO 63077-1936	Level of Care	RCF	Bed Capacity	48
Mailing Address 160 CHARLES DR		County	FRANKLIN	DMH Licensed	No
SAINT CLAIR	MO 63077-1936	Region 6		Facility Number	26005
		_			
	N, RESIDENTIAL CARE BY AMERI				
1250 EAST SPRINGFIELD ROAD		Telephone	(573) 468-5217	Alzheimer's Unit	No
SULLIVAN	MO 63080-1358	Level of Care	RCF	Bed Capacity	48
Mailing Address 1250 EAST SPRING		County	FRANKLIN	DMH Licensed	No
SULLIVAN	MO 63080-1358	Region 6		Facility Number	26324
VICTORIAN PLACE OF UNION, R	ESIDENTIAL CARE BY AMERICAR	E			
1320 W MAIN		Telephone	(636) 584-0085	Alzheimer's Unit	No
UNION	MO 63084-1084	Level of Care	RCF	Bed Capacity	48
Mailing Address 1320 W MAIN		County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1084	Region 6		<b>Facility Number</b>	24408
	GTON, RESIDENTIAL CARE BY AM				
2800 RABBIT TRAIL DRIVE		Telephone	(636) 390-9500	Alzheimer's Unit	No
WASHINGTON	MO 63090-6737	Level of Care	ALF**	Bed Capacity	48
Mailing Address 2800 RABBIT TRAI		County	FRANKLIN	DMH Licensed	No
WASHINGTON	MO 63090-6737	Region 6		Facility Number	27659
WILLOW BROOKE - ASSISTED LI	IVING BY AMERICARE				
#1 NORTH POTOMAC COURT		Telephone	(636) 583-2799	Alzheimer's Unit	No
UNION	MO 63084-1113	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1 NORTH POTOMA	AC CT	County	FRANKLIN	DMH Licensed	No
UNION	MO 63084-1113	Region 6		Facility Number	13596
	G1GG				
	GASC	ONADE			
FRENE VALLEY OF HERMANN-A	STONEBRIDGE COMMUNITY				
1800 WEIN STREET		Telephone	(573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care	ALF	Bed Capacity	18
Mailing Address PO BOX 468		County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region 6		Facility Number	02690
		~			

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FRENE VALLEY OF HERMANN-A	STONEDDINGE COMMUNITY				
1800 WEIN STREET	STONEBRIDGE COMMUNITY	Telephone	(573) 486-3155	Alzheimer's Unit	No
HERMANN	MO 65041-1601	Level of Care	* *	Bed Capacity	118
Mailing Address PO BOX 468	1.10 03011 1001	County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-0468	Region 6	Medicare/Medicaid	Facility Number	02690
FRENE VALLEY OF OWENSVILLE	-A STONEBRIDGE COMMUNITY	<b></b>	(550) 105 (055		**
1016 W HIGHWAY 28	MO (50() 1(77	Telephone	(573) 437-6877	Alzheimer's Unit	Yes
OWENSVILLE	MO 65066-1677	Level of Care		Bed Capacity DMH Licensed	131 No
Mailing Address PO BOX 593 OWENSVILLE	MO 65066-0593	County Region 6	GASCONADE Madiagra/Madiagrid		
OWENSVILLE	MO 03000-0393	Kegion 0	Medicare/Medicaid	Facility Number	19051
GASCONADE MANOR NURSING H	OME				
1910 NURSING HOME ROAD		Telephone	(573) 437-4101	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care	SNF	<b>Bed Capacity</b>	79
Mailing Address PO BOX 520		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6	Medicare/Medicaid	Facility Number	02804
GASCONADE TERRACE RETIREM	ENT CENTED				
1930 NURSING HOME ROAD	ENI CENIER	Telephone	(573) 437-4833	Alzheimer's Unit	No
OWENSVILLE	MO 65066-2844	Level of Care	` '	Bed Capacity	19
Mailing Address PO BOX 520	WO 03000-2044	County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-0520	Region 6	GASCONADE	Facility Number	14143
0 11 21 10 1 12 22		Region 5		racinty ramoer	14143
VICTORIAN PLACE OF HERMANN	I, RESIDENTIAL CARE BY AMERICA	ARE			
2120 VILLAGE LANE		Telephone	(573) 486-5060	Alzheimer's Unit	No
HERMANN	MO 65041-1600	Level of Care	RCF	Bed Capacity	48
Mailing Address 2120 VILLAGE LANI	E	County	GASCONADE	DMH Licensed	No
HERMANN	MO 65041-1600	Region 6		Facility Number	24982
VICTORIAN PLACE OF OWENSVII	LLE, RESIDENTIAL CARE BY AMER	ICARE			
301 NORTH 7TH ST	ELL, RESIDER TIME CIME DI MAILE	Telephone	(573) 437-5396	Alzheimer's Unit	No
OWENSVILLE	MO 65066-1075	Level of Care	* *	Bed Capacity	48
Mailing Address 301 NORTH 7TH ST		County	GASCONADE	DMH Licensed	No
OWENSVILLE	MO 65066-1075	Region 6		Facility Number	24133
	CENT	IDX7		•	
	GENT	KY			
FAIRVIEW VILLAGE ASSISTED LI	VING				
304 WEST FAIRVIEW ST		Telephone	(660) 535-4325	Alzheimer's Unit	No
KING CITY	MO 64463-	Level of Care	ALF	<b>Bed Capacity</b>	24
Mailing Address 304 WEST FAIRVIEW	V ST	County	GENTRY	DMH Licensed	No
KING CITY	MO 64463-	Region 4		Facility Number	04305
VINC CITY MANOD					
KING CITY MANOR 300 WEST FAIRVIEW		Telephone	(660) 535-4325	Alzheimer's Unit	No
KING CITY	MO 64463-9606	Level of Care	` '	Bed Capacity	60
Mailing Address 300 WEST FAIRVIEW		County	GENTRY	DMH Licensed	No
KING CITY	MO 64463-9606	Region 4	Medicare/Medicaid	Facility Number	04305
	1.10 01103 2000	Acgion 7	Micurcal C/Miculcalu	racinty Number	04303
PINE VIEW MANOR, INC					
307 NORTH PINEVIEW ST		Telephone	(660) 783-2118	Alzheimer's Unit	No
STANBERRY	MO 64489-1509	Level of Care		Bed Capacity	70
Mailing Address 307 NORTH PINEVIE	EW ST	County	GENTRY	DMH Licensed	No
STANBERRY	MO 64489-1509	Region 4	Medicare/Medicaid	Facility Number	05832

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307 NORTH FINEVIEW 31		Telephone (000) 783-2118	Aizhenner s Unit	NO
STANBERRY	MO 64489-1509	Level of Care ALF**	Bed Capacity	12
Mailing Address 307 NORTH PINE	VIEW ST	County GENTRY	DMH Licensed	No
STANBERRY	MO 64489-1509	Region 4	<b>Facility Number</b>	05832
		GREENE		
ASH GROVE HEALTHCARE FAC	CILITY			
401 NORTH MEDICAL DRIVE		<b>Telephone</b> (417) 751-2575	Alzheimer's Unit	Yes
ASH GROVE	MO 65604-1004	Level of Care SNF	Bed Capacity	82
Mailing Address PO BOX 247		County GREENE	DMH Licensed	No
ASH GROVE	MO 65604-0247	Region 1 Medicare/Medica	id Facility Number	00200
BRISTOL MANOR OF REPUBLIC	C			
634 EAST HIGHWAY 174		<b>Telephone</b> (417) 732-8998	Alzheimer's Unit	No
REPUBLIC	MO 65738-1124	Level of Care RCF	Bed Capacity	12
Mailing Address 634 EAST HWY 1	74	County GREENE	DMH Licensed	No
REPUBLIC	MO 65738-1124	Region 1	Facility Number	20841
KEI OBEIO	110 00750 1121	Region 1	ruemty rumber	20041
BRISTOL MANOR OF WILLARD 511 WATSON	1	Tolonhone (417) 742 0000	Alahaiman'a Unit	No
	MO (5701 0214	<b>Telephone</b> (417) 742-0090	Alzheimer's Unit	No
WILLARD	MO 65781-8314	Level of Care RCF	Bed Capacity	12
Mailing Address 511 WATSON	NO 65701 0014	County GREENE	DMH Licensed	No
WILLARD	MO 65781-8314	Region 1	Facility Number	20838
BROOKHAVEN NURSING & REI	HAB			
3405 WEST MT VERNON		<b>Telephone</b> (417) 874-9600	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-5241	Level of Care SNF	Bed Capacity	90
Mailing Address 3405 WEST MT V	ERNON	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-5241	Region 1 Medicare/Medica	id Facility Number	09512
FREMONT SENIOR LIVING, TH	E			
1520 EAST BATES STREET		<b>Telephone</b> (417) 881-0500	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-8401	Level of Care ALF**	<b>Bed Capacity</b>	72
Mailing Address 1520 EAST BATE	S STREET	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-8401	Region 1	<b>Facility Number</b>	28782
GARDENS, THE				
1302 WEST SUNSET		<b>Telephone</b> (417) 889-7600	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-5943	Level of Care ALF**	Bed Capacity	148
Mailing Address 1302 WEST SUNS	ET	County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5943	Region 1	<b>Facility Number</b>	20288
GLENDALE GARDENS NURSING	3 & REHAB			
3535 EAST CHEROKEE		<b>Telephone</b> (417) 889-9955	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2829	Level of Care SNF	Bed Capacity	120
Mailing Address 3535 EAST CHER		County GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2829	Region 1 Medicare/Medica		16735
COI DENI ECTATE DECIDENTELA	I CADE			
GOLDEN ESTATE RESIDENTIAL 1134 WEST NORTON ROAD	LARE	<b>Telephone</b> (417) 833-4440	Alzheimer's Unit	No
SPRINGFIELD	MO 65803-1070	Telephone (417) 833-4440  Level of Care RCF*	Bed Capacity	31
Mailing Address 1134 WEST NORT		County GREENE	DMH Licensed	Yes
-	MO 65803-1070	•		
SPRINGFIELD	MO 02902-10/0	Region 1	Facility Number	02984

(660) 783-2118

Telephone

Alzheimer's Unit

No

**PINE VIEW MANOR, INC** 307 NORTH PINEVIEW ST

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IACODS CADE CENTED IIC					
JACOBS CARE CENTER, LLC 932 WEST STATE		Telephone	(417) 865-6140	Alzheimer's Unit	No
SPRINGFIELD	MO 65806-2846	Level of Care	` '	Bed Capacity	12
Mailing Address 932 WEST STATE	110 03000 2040	County	GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65806-2846	Region 1	GREENE	Facility Number	06229
	3.72 32333 2313	Region		1 deliley 1 dameer	0022)
JAMES RIVER CARE AND REHAB	BILITATION CENTER, INC				
3550 EAST BATTLEFIELD		Telephone	(417) 889-9500	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-3400	Level of Care		Bed Capacity	120
Mailing Address 3550 EAST BATTLE		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-3400	Region 1	Medicare/Medicaid	Facility Number	17645
JORDAN CREEK NURSING & REH	нав				
910 SOUTH WEST AVENUE		Telephone	(417) 865-8741	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65802-4950	Level of Care		Bed Capacity	120
Mailing Address 910 SOUTH WEST A	AVE	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65802-4950	Region 1	Medicare/Medicaid	<b>Facility Number</b>	03245
****	von a				
JOY ASSISTED LIVING FOR SENIO	ORS	m., .	(417) 064 0005		N
2030 W MOUNT VERNON ST	MO (5902 4946	Telephone	(417) 864-8805	Alzheimer's Unit	No 74
SPRINGFIELD  Mailing Address DO DOV 0655	MO 65802-4846	Level of Care County	ALF <b>GREENE</b>	Bed Capacity DMH Licensed	Yes
Mailing Address PO BOX 9655 SPRINGFIELD	MO 65801-9655	Region 1	GREENE	Facility Number	19668
SI KINGI ILLD	WIO 03001-7033	Region 1		racinty Number	19008
LAKEWOOD - ASSISTED LIVING F	BY AMERICARE				
4685 ROBBERSON AVENUE		Telephone	(417) 881-1411	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-1785	Level of Care	ALF**	Bed Capacity	61
Mailing Address 4685 ROBBERSON A	AVE	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-1785	Region 1		Facility Number	23613
LODGES, THE					
2401 W GRAND ST		Telephone	(417) 864-4545	Alzheimer's Unit	No
SPRINGFIELD	MO 65802-4967	Level of Care		Bed Capacity	99
Mailing Address 2401 W GRAND ST		County	GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65802-4967	Region 1		Facility Number	09756
MAGNOLIA SQUARE NURSING AN	ND REHABILITATION CENTER	77.1.1	(417) 077 7545	A1 1	N
1502 WEST EDGEWOOD SPRINGFIELD	MO (5007-2567	Telephone	(417) 877-7545	Alzheimer's Unit	No
Mailing Address 1502 WEST EDGEW	MO 65807-3567	Level of Care		Bed Capacity DMH Licensed	120 No
SPRINGFIELD	MO 65807-3567	County Region 1	GREENE Medicare/Medicaid	Facility Number	No 23400
SI KINGI ILLD	NIO 03007-3307	Region 1	Medical e/Medicald	racinty Number	23400
MANOR AT ELFINDALE, THE					
1707 WEST ELFINDALE ST		Telephone	(417) 831-2273	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65807-1295	Level of Care	SNF	Bed Capacity	100
Mailing Address 1707 WEST ELFIND.		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-1295	Region 1	Medicare	Facility Number	17371
MANORCARE HEALTH SERVICES	S				
2915 SOUTH FREMONT	~	Telephone	(417) 883-4022	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-3608	Level of Care		Bed Capacity	194
Mailing Address 2915 S FREMONT		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-3608	Region 1	Medicare/Medicaid	Facility Number	00144
	a				
MANORCARE HEALTH SERVICES	S	T-1. 1	(417) 002 4022	Alabatana t TT to	N
2915 SOUTH FREMONT	MO 65804 2608	Telephone	(417) 883-4022	Alzheimer's Unit	No 40
SPRINGFIELD  Mailing Address 2915 S FREMONT	MO 65804-3608	Level of Care County	ALF <b>GREENE</b>	Bed Capacity DMH Licensed	40 No
SPRINGFIELD	MO 65804-3608	•	GREENE	Facility Number	
SI KII OI ILLD	1410 03004-3000	Region 1		racinty mullibel	00144

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MAPLE WOOD ALZHEIMER'S SPI	ECIAL CARE CENTER				
1146 EAST LAKEWOOD ST		Telephone	(417) 885-9050	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2614	Level of Care	ALF**	Bed Capacity	66
Mailing Address 1146 E LAKEWOOD	ST	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2614	Region 1		Facility Number	28295
MAPLES HEALTH AND REHABIL	ITATION THE				
610 WEST SUNSET STREET	ITATION, THE	Telephone	(417) 891-1700	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-3696	Level of Care	` '	Bed Capacity	120
Mailing Address 610 WEST SUNSET			GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-3696	County			
SPRINGFIELD	MO 03807-3090	Region 1	Medicare/Medicaid	Facility Number	06441
MARANATHA VILLAGE, INC					
233 EAST NORTON ROAD		Telephone	(417) 833-0016	Alzheimer's Unit	No
SPRINGFIELD	MO 65803-3633	Level of Care	SNF	Bed Capacity	120
Mailing Address 233 EAST NORTON	RD	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65803-3633	Region 1	Medicare/Medicaid	Facility Number	04907
				v	
MARANATHA VILLAGE, INC					
233 EAST NORTON ROAD		Telephone	(417) 833-0016	Alzheimer's Unit	No
SPRINGFIELD	MO 65803-3633	Level of Care	RCF	Bed Capacity	23
Mailing Address 233 EAST NORTON	RD	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65803-3633	Region 1		Facility Number	04907
MEDONAMA					
MERCY VILLA		m	(417) 020 0500		
1100 EAST MONTCLAIR	NO 65005 5056	Telephone	(417) 820-8500	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-5076	Level of Care		Bed Capacity	146
Mailing Address 1100 EAST MONTC		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-5076	Region 1	Medicare/Medicaid	Facility Number	05280
MORNINGSIDE OF CHESTERFIEI	LD VILLAGE				
2410 WEST CHESTERFIELD BLVD		Telephone	(417) 886-4000	Alzheimer's Unit	No
SPRINGFIELD	MO 65807-8631	Level of Care	` '	Bed Capacity	92
Mailing Address 2410 W CHESTERF		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65807-8631	Region 1	GILLEI (E	Facility Number	22584
23.00.00		110g.v			2200.
MORNINGSIDE OF SPRINGFIELD					
3540 EAST CHEROKEE		Telephone	(417) 889-2222	Alzheimer's Unit	No
SPRINGFIELD	MO 65809-2828	Level of Care	RCF	<b>Bed Capacity</b>	67
Mailing Address 3540 EAST CHEROL	KEE	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65809-2828	Region 1		Facility Number	21025
NEIGHBORHOODS AT QUAIL CR	EEK, THE		(445) 000 4055		
1514 WEST LARK		Telephone	(417) 889-1275	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65810-2270	Level of Care		Bed Capacity	120
Mailing Address 1514 WEST LARK		County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65810-2270	Region 1	Medicare/Medicaid	Facility Number	24701
QUALITY RESIDENTIAL CARE					
2034 WEST COLLEGE		Telephone	(417) 831-6466	Alzheimer's Unit	No
SPRINGFIELD	MO 65806-1524	Level of Care		Bed Capacity	42
Mailing Address PO BOX 8127		County	GREENE	DMH Licensed	Yes
SPRINGFIELD	MO 65801-8127	Region 1		Facility Number	13150
		region 1		i demoj i dilibei	13130
RAVENWOOD - ASSISTED LIVING	B BY AMERICARE				
1950 EAST REPUBLIC ROAD		Telephone	(417) 890-6000	Alzheimer's Unit	Yes
SPRINGFIELD	MO 65804-6763	Level of Care	ALF**	<b>Bed Capacity</b>	60
Mailing Address 1950 E REPUBLIC R	RD	County	GREENE	DMH Licensed	No
SPRINGFIELD	MO 65804-6763	Region 1		Facility Number	20791

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REPUBLIC NURSING & REHAB			
901 EAST HIGHWAY 174	<b>Telephone</b> (417) 732-182	2 Alzheimer's Unit	Yes
REPUBLIC MO 65738-1155	Level of Care SNF	Bed Capacity	127
Mailing Address 901 EAST HIGHWAY 174	County GREENE	DMH Licensed	No
REPUBLIC MO 65738-1155	Region 1 Medicare/Medi		13684
	region - Wedieure/Wedi		1000.
ROGERSVILLE CARE PLACE			
4193 S ZION LANE	<b>Telephone</b> (417) 887-380	00 Alzheimer's Unit	No
ROGERSVILLE MO 65742-9283	Level of Care RCF*	Bed Capacity	8
Mailing Address 4193 S ZION LN	County GREENE	DMH Licensed	No
ROGERSVILLE MO 65742-9283	Region 1	Facility Number	24556
SONSHINE MANOR			
300 SOUTH COTTONWOOD AVENUE	<b>Telephone</b> (417) 732-292	29 Alzheimer's Unit	No
REPUBLIC MO 65738-2093	Level of Care SNF	Bed Capacity	69
Mailing Address 300 S COTTONWOOD AVE	County GREENE	DMH Licensed	No
REPUBLIC MO 65738-2093	Region 1 Medicare/Medi		16723
NO 00750 2070	Region 1 Wedicare/Fred	talu Tuemey Tumber	10723
SPRING RIDGE - ASSISTED LIVING BY AMERICARE			
2828 SOUTH MEADOWBROOK	<b>Telephone</b> (417) 889-710	O Alzheimer's Unit	No
SPRINGFIELD MO 65807-5925	Level of Care ALF**	<b>Bed Capacity</b>	37
Mailing Address 2828 SOUTH MEADOWBROOK	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65807-5925	Region 1	Facility Number	19713
SPRINGFIELD REHABILITATION & HEALTH CARE CENTE	R		
2800 S FORT AVE	<b>Telephone</b> (417) 882-003	S Alzheimer's Unit	No
SPRINGFIELD MO 65807-3480	Level of Care SNF	Bed Capacity	120
Mailing Address PO BOX 3438 GS	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65808-3438	Region 1 Medicare/Medi		07460
Me occor and	Region 1 Wedicare/Fred	talu Tuemey Tumber	07400
SPRINGFIELD SKILLED CARE CENTER			
2401 W GRAND ST	<b>Telephone</b> (417) 864-454	5 Alzheimer's Unit	No
SPRINGFIELD MO 65802-4967	Level of Care SNF	<b>Bed Capacity</b>	120
Mailing Address 2401 W GRAND ST	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65802-4967	Region 1 Medicare/Medi	caid Facility Number	09756
STRAFFORD CARE CENTER			
505 WEST EVERGREEN	<b>Telephone</b> (417) 736-933	2 Alzheimer's Unit	Yes
STRAFFORD MO 65757-8625	Level of Care SNF	Bed Capacity	78
Mailing Address 505 WEST EVERGREEN	County GREENE	DMH Licensed	No
STRAFFORD MO 65757-8625	Region 1 Medicare/Medi		21285
MO 03/3/ 0023	Region 1 Wedicare/Medi	card Tuemey (vamser	21203
WILLARD CARE CENTER			
400 WEST WALNUT LANE	<b>Telephone</b> (417) 742-359	Alzheimer's Unit	No
WILLARD MO 65781-9432	Level of Care SNF	Bed Capacity	66
Mailing Address 400 W WALNUT LN	County GREENE	DMH Licensed	No
WILLARD MO 65781-9432	Region 1 Medicare/Medi	caid Facility Number	16393
WILCOME ODEEN MIDSING 8- DELLAD			
WILSON'S CREEK NURSING & REHAB 3403 WEST MT VERNON	Talanhana (417) 964 566	00 Alabaimanta Unit	Vac
SPRINGFIELD MO 65802-5241	Telephone (417) 864-560 Level of Care SNF	O Alzheimer's Unit Bed Capacity	Yes 172
Mailing Address 3403 WEST MT VERNON	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65802-5241	Region 1 Medicare/Medi		05579
MO 03002-3241	Acgion 1 Medicare/Medi	card Facility Mulliper	05517
WOODLAND MANOR			
1347 EAST VALLEY WATERMILL ROAD	<b>Telephone</b> (417) 833-122	20 Alzheimer's Unit	No
SPRINGFIELD MO 65803-3739	Level of Care SNF	<b>Bed Capacity</b>	180
Mailing Address 1347 EAST VALLEY WATERMILL RD	County GREENE	DMH Licensed	No
SPRINGFIELD MO 65803-3739	Region 1 Medicare/Medi	caid Facility Number	05794

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BRISTOL MANOR OF TRENTON						
1701 EAST 28TH ST	140	(4602 1177	Telephone	(660) 359-5599	Alzheimer's Unit	No
TRENTON  Molling Address 1701 EAST 28TH ST	МО	64683-1177	Level of Care	RCF	Bed Capacity	12 No
Mailing Address 1701 EAST 28TH ST TRENTON	MO	64683-1177	County Region 4	GRUNDY	DMH Licensed Facility Number	18597
TRENTON	WIO	04003-1177	Region 4		Facility Number	16397
EASTVIEW MANOR CARE CENTE	R					
1622 EAST 28TH ST			Telephone	(660) 359-2251	Alzheimer's Unit	No
TRENTON	MO	64683-1104	Level of Care	SNF	Bed Capacity	90
Mailing Address 1622 EAST 28TH ST			County	GRUNDY	DMH Licensed	No
TRENTON	МО	64683-1104	Region 4	Medicare/Medicaid	Facility Number	18267
PREMIER RESIDENTIAL CARE						
109 E CROWDER RD			Telephone	(660) 359-4292	Alzheimer's Unit	No
TRENTON	MO	64683-1802	Level of Care	RCF	<b>Bed Capacity</b>	13
Mailing Address 109 EAST CROWDE	R RD		County	GRUNDY	DMH Licensed	Yes
TRENTON	MO	64683-1802	Region 4		Facility Number	02238
SUNNYVIEW NURSING HOME & A	PART	MENTS				
1311 EAST 28TH ST			Telephone	(660) 359-5647	Alzheimer's Unit	No
TRENTON	МО	64683-1103	Level of Care	RCF*	Bed Capacity	38
Mailing Address 1311 EAST 28TH ST			County	GRUNDY	DMH Licensed	No
TRENTON	MO	64683-1103	Region 4		Facility Number	18509
a		an experience				
SUNNYVIEW NURSING HOME & A 1311 EAST 28TH ST	PAKT	MENTS	T. 1 1	(660) 250 5647	A1 1	No
TRENTON	МО	64683-1103	Telephone Level of Care	(660) 359-5647 SNF	Alzheimer's Unit Bed Capacity	154
Mailing Address 1311 EAST 28TH ST	WIO	04063-1103	County	GRUNDY	DMH Licensed	No
TRENTON	МО	64683-1103	Region 4	Medicare/Medicaid	Facility Number	18509
			8	1120410410110110410410	• • • • • • • • • • • • • • • • • • • •	
		** * * * * * * * * * * * * * * * * * * *	7037			
		HARRIS	SON			
BETHANY CARE CENTER		HARRIS				
1305 S 7TH STREET	MO		Telephone	(660) 425-2273	Alzheimer's Unit	Yes
1305 S 7TH STREET BETHANY	МО	HARRIS 64424-1780	Telephone Level of Care	SNF	<b>Bed Capacity</b>	60
1305 S 7TH STREET BETHANY <b>Mailing Address</b> 1305 S 7TH STREET		64424-1780	Telephone Level of Care County	SNF HARRISON	Bed Capacity DMH Licensed	60 No
1305 S 7TH STREET BETHANY			Telephone Level of Care	SNF	<b>Bed Capacity</b>	60
1305 S 7TH STREET BETHANY <b>Mailing Address</b> 1305 S 7TH STREET		64424-1780	Telephone Level of Care County	SNF HARRISON	Bed Capacity DMH Licensed	60 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST	МО	64424-1780 64424-1780	Telephone Level of Care County Region 4	SNF HARRISON Medicare/Medicaid (660) 425-7133	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	60 No 00481 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY	МО	64424-1780	Telephone Level of Care County Region 4  Telephone Level of Care	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00481 No 12
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST	МО	64424-1780 64424-1780 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County	SNF HARRISON Medicare/Medicaid (660) 425-7133	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY	МО	64424-1780 64424-1780	Telephone Level of Care County Region 4  Telephone Level of Care	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00481 No 12
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST	МО	64424-1780 64424-1780 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY	МО	64424-1780 64424-1780 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY CRESTVIEW HOME	MO MO MO	64424-1780 64424-1780 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF HARRISON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00481 No 12 No 19068
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY CRESTVIEW HOME 1313 SOUTH 25TH STREET	MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone	SNF HARRISON Medicare/Medicaid (660) 425-7133 RCF HARRISON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No 19068
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY	MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	60 No 00481 No 12 No 19068
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY Mailing Address PO BOX 430	MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631 64424-2634	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care County	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF HARRISON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No 19068 No 92 No
1305 S 7TH STREET BETHANY  Mailing Address 1305 S 7TH STREET BETHANY  BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY  Mailing Address 811 SOUTH 24TH ST BETHANY  CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY  Mailing Address PO BOX 430 BETHANY	MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631 64424-2634	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care County	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF HARRISON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	60 No 00481 No 12 No 19068 No 92 No
1305 S 7TH STREET BETHANY Mailing Address 1305 S 7TH STREET BETHANY BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY Mailing Address 811 SOUTH 24TH ST BETHANY CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY Mailing Address PO BOX 430 BETHANY CRESTVIEW HOME	MO MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631 64424-2634	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care County Region 4	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF HARRISON  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00481 No 12 No 19068 No 92 No 01936
1305 S 7TH STREET BETHANY  Mailing Address 1305 S 7TH STREET BETHANY  BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY  Mailing Address 811 SOUTH 24TH ST BETHANY  CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY  Mailing Address PO BOX 430 BETHANY  CRESTVIEW HOME 1313 SOUTH 25TH STREET	MO MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631 64424-2634 64424-0430	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF HARRISON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00481 No 12 No 19068 No 92 No 01936
1305 S 7TH STREET BETHANY  Mailing Address 1305 S 7TH STREET BETHANY  BRISTOL MANOR OF BETHANY 811 SOUTH 24TH ST BETHANY  Mailing Address 811 SOUTH 24TH ST BETHANY  CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY  Mailing Address PO BOX 430 BETHANY  CRESTVIEW HOME 1313 SOUTH 25TH STREET BETHANY	MO MO MO MO	64424-1780 64424-1780 64424-2631 64424-2631 64424-2634 64424-0430	Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care County Region 4  Telephone Level of Care	SNF HARRISON Medicare/Medicaid  (660) 425-7133 RCF HARRISON  (660) 425-3128 SNF HARRISON Medicare/Medicaid  (660) 425-3128 RCF*	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	60 No 00481 No 12 No 19068 No 92 No 01936

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ARBORS AT GLENDALE GARDE	'NS MEMODY CADE DY AMI	DICADE THE			
1300 SOUTH MAIN	INS - MEMORI CARE DI AMI	Telephone	(660) 885-2272	Alzheimer's Unit	Yes
CLINTON	MO 64735-2728	Level of Care	ALF**	Bed Capacity	42
Mailing Address 1300 S MAIN	11.5 01.750 2.720	County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2728	Region 1		Facility Number	17054
BRISTOL MANOR OF CLINTON					
1402 EAST FRANKLIN		Telephone	(660) 885-8391	Alzheimer's Unit	No
CLINTON	MO 64735-1768	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 1402 EAST FRANI	KLIN	County	HENRY	DMH Licensed	No
CLINTON	MO 64735-1768	Region 1		Facility Number	16656
CLINTON HEALTHCARE AND R	EHABILITATION CENTER				
1009 EAST OHIO		Telephone	(660) 885-5571	Alzheimer's Unit	No
CLINTON	MO 64735-2455	Level of Care	SNF	Bed Capacity	120
Mailing Address 1009 EAST OHIO		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2455	Region 1	Medicare/Medicaid	Facility Number	01318
GOLDEN LIVINGCENTER - WES 1801 NORTH GAINES DRIVE	TWOOD	T-13	(660) 995 9196	Alzheimer's Unit	37
	MO 64725 1127	Telephone	(660) 885-8196		Yes
CLINTON 1991 N. CARVES F	MO 64735-1127	Level of Care	SNF	Bed Capacity	120
Mailing Address 1801 N GAINES D		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-1127	Region 1	Medicare/Medicaid	Facility Number	08521
JEFFERSON GARDENS - ASSIST	ED LIVING BY AMERICARE	Telephone	(660) 885-9770	Alzheimer's Unit	No
CLINTON	MO 64735-2548	Level of Care	ALF**	Bed Capacity	36
Mailing Address 509 WEST ROGER		County	HENRY	DMH Licensed	No
CLINTON	MO 64735-2548	Region 1	HENKI	Facility Number	20603
JOY ADULT CARE CENTER					
614 SOUTH MAIN		Telephone	(660) 885-8328	Alzheimer's Unit	No
CLINTON	MO 64735-2620	Level of Care	RCF*	Bed Capacity	42
Mailing Address PO BOX 8	N10 04733 2020	County	HENRY	DMH Licensed	Yes
CLINTON	MO 64735-0008	Region 1		Facility Number	07268
		Region 1		racinty Number	07208
WINDSOR HEALTHCARE & REH	HAB CENTER	m	(550) 547 2402		
809 WEST BENTON	MO 57250 1220	Telephone	(660) 647-3102	Alzheimer's Unit	No
WINDSOR	MO 65360-1239	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 5	110	County	HENRY	DMH Licensed	No
WINDSOR	MO 65360-0005	Region 1	Medicare/Medicaid	Facility Number	21715
		HICKORY			
HERMITAGE NURSING & REHA	В	m	(415) 545 244		
FIRST & HIGHWAY 54	110	Telephone	(417) 745-2111	Alzheimer's Unit	Yes
HERMITAGE	MO 65668-9129	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 325		County	HICKORY	DMH Licensed	No
HERMITAGE	MO 65668-0325	Region 1	Medicare/Medicaid	Facility Number	10240
		HOLT			
OREGON CARE CENTER		<i>m</i>	(660) 115 2277		• •
501 MONROE	140 (4470	Telephone	(660) 446-3355	Alzheimer's Unit	No
OREGON	MO 64473-	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 19	110 (1170 000	County	HOLT	DMH Licensed	No
OREGON	MO 64473-0019	Region 4	Medicare/Medicaid	Facility Number	06097

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TIFFANY HEIGHTS 1531 NEBRASKA STREET		<b>Telephone</b> (660) 442-3146	Alzheimer's Unit	No
MOUND CITY	MO 64470-1610	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 308		County HOLT	DMH Licensed	No
MOUND CITY	MO 64470-0308	Region 4 Medicare/Medicaid	<b>Facility Number</b>	07998
	HOV	VARD		
ASHBURY HEIGHTS OF FAYETTE	Ε			
200 GROCE ST		<b>Telephone</b> (660) 248-3603	Alzheimer's Unit	No
FAYETTE	MO 65248-9813	Level of Care RCF	Bed Capacity	12
Mailing Address 200 GROCE ST	MO (5249 0012	County HOWARD	DMH Licensed	No
FAYETTE	MO 65248-9813	Region 5	Facility Number	23894
FAYETTE CARING CENTER				
501 SOUTH PARK		<b>Telephone</b> (660) 248-3371	Alzheimer's Unit	No
FAYETTE	MO 65248-8952	Level of Care SNF	Bed Capacity	60
Mailing Address 501 S PARK		County HOWARD	DMH Licensed	No
FAYETTE	MO 65248-8952	Region 5 Medicare/Medicaid	Facility Number	10870
GOLDEN LIVINGCENTER - GLASO	GOW			
100 AUDSLEY DRIVE		<b>Telephone</b> (660) 338-2297	Alzheimer's Unit	No
GLASGOW	MO 65254-9537	Level of Care SNF	<b>Bed Capacity</b>	59
Mailing Address 100 AUDSLEY DR		County HOWARD	DMH Licensed	No
GLASGOW	MO 65254-9537	Region 5 Medicare/Medicaid	Facility Number	01659
LODGE, THE				
542 STATE ROAD DD		<b>Telephone</b> (660) 248-2277	Alzheimer's Unit	No
FAYETTE	MO 65248-9658	Level of Care ALF**	Bed Capacity	40
Mailing Address 542 STATE ROAD D	DD	County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-9658	Region 5	<b>Facility Number</b>	28815
MAPLELAWN RESIDENTIAL CAR	F FACH ITY			
420 COUNTY ROAD 112	EFACILITI	<b>Telephone</b> (660) 248-3626	Alzheimer's Unit	No
FAYETTE	MO 65248-	Level of Care RCF*	Bed Capacity	39
Mailing Address PO BOX 29		County HOWARD	DMH Licensed	Yes
FAYETTE	MO 65248-0029	Region 5	<b>Facility Number</b>	04856
	HOV	VELL		
BROOKE HAVEN HEALTHCARE				
1410 NORTH KENTUCKY AVENUE		<b>Telephone</b> (417) 256-7975	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-1822	Level of Care SNF	Bed Capacity	120
Mailing Address 1410 NORTH KENT		County HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-1822	Region 1 Medicare/Medicaid	Facility Number	06253
LAMPLIGHT VILLAGE				
309 LOCUST ST		<b>Telephone</b> (417) 256-2749	Alzheimer's Unit	No
WEST PLAINS	MO 65775-3906	Level of Care RCF*	<b>Bed Capacity</b>	32
Mailing Address PO BOX 166		County HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0166	Region 1	Facility Number	21563
MOUNTAIN VIEW HEALTHCARE				
1211 NORTH ASH ST		<b>Telephone</b> (417) 934-6818	Alzheimer's Unit	Yes
MOUNTAIN VIEW	MO 65548-	Level of Care SNF	<b>Bed Capacity</b>	105
Mailing Address PO BOX 879		County HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 1 Medicare/Medicaid	Facility Number	15542

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NAME AND A DESIGNATION AND ASSESSMENT OF THE PARTY OF THE	TO.				
NHC HEALTHCARE, WEST PLAIN	NS	<i>m</i>	(415) 256 0500		**
211 DAVIS DR	MO (5555 2242	Telephone	(417) 256-0798	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2242	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX 497	MO 65775 0407	County	HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-0497	Region 1	Medicare/Medicaid	Facility Number	08434
PARK PLACE APARTMENTS					
1211 NORTH ASH ST		Telephone	(417) 934-6818	Alzheimer's Unit	No
MOUNTAIN VIEW	MO 65548-	Level of Care	ALF	Bed Capacity	18
Mailing Address PO BOX 879		County	HOWELL	DMH Licensed	No
MOUNTAIN VIEW	MO 65548-0879	Region 1		Facility Number	15542
PLEASANT VALLEY MANOR					
213 DAVIS DRIVE		Telephone	(417) 257-0179	Alzheimer's Unit	No
WEST PLAINS	MO 65775-2274	Level of Care	RCF*	Bed Capacity	72
Mailing Address 213 DAVIS DR		County	HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2274	Region 1		Facility Number	13641
		g			
SOUTH VIEW HEALTH CARE, LL	$\mathbf{c}$				
951 CREAMERY ROAD		Telephone	(417) 255-9322	Alzheimer's Unit	No
WEST PLAINS	MO 65775-6052	Level of Care	RCF*	Bed Capacity	32
Mailing Address PO BOX 88		County	HOWELL	DMH Licensed	Yes
WEST PLAINS	MO 65775-0088	Region 1		Facility Number	23567
WEST VUE NURSING AND REHAL	BILITATION CENTER				
210 DAVIS DRIVE		Telephone	(417) 256-2152	Alzheimer's Unit	Yes
WEST PLAINS	MO 65775-2241	Level of Care	SNF	Bed Capacity	120
Mailing Address 210 DAVIS DR		County	HOWELL	DMH Licensed	No
WEST PLAINS	MO 65775-2241	Region 1	Medicare/Medicaid	Facility Number	21733
WILLOW CARE NURSING HOME					
2646 STATE ROUTE 76		Telephone	(417) 469-3152	Alzheimer's Unit	Yes
WILLOW SPRINGS	MO 65793-8254	Level of Care	SNF	Bed Capacity	105
Mailing Address PO BOX 309		County	HOWELL	DMH Licensed	No
WILLOW SPRINGS	MO 65793-0309	•	Medicare/Medicaid	Facility Number	08614
			7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
WILLOW WEST APARTMENTS		<i>m</i>	(417) 460 2152		
2644 STATE ROUTE 76	1.00 (2.00 00.01	Telephone	(417) 469-3152	Alzheimer's Unit	No
WILLOW SPRINGS	MO 65793-8254	Level of Care	ALF	Bed Capacity	36 N
Mailing Address PO BOX 309	MO (5702 0200	County	HOWELL	DMH Licensed	No
WILLOW SPRINGS	MO 65793-0309	Region 1		Facility Number	08614
	IR	ON			
BAPTIST HOME, THE					
101 RIGGS-SCOTT LANE		Telephone	(573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care	ICF	Bed Capacity	53
Mailing Address PO BOX 87		County	IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2		Facility Number	00274
		- @		·•	
BAPTIST HOME, THE					
101 RIGGS-SCOTT LANE		Telephone	(573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care	ALF	Bed Capacity	32
Mailing Address PO BOX 87		County	IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2		Facility Number	00274

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DADTICT HOME THE					
BAPTIST HOME, THE 101 RIGGS-SCOTT LANE		Telephone	(573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care	RCF	Bed Capacity	24
Mailing Address PO BOX 87	112 03030 1330	County	IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2	11011	Facility Number	00274
		region -			0027.
BAPTIST HOME, THE					
101 RIGGS-SCOTT LANE		Telephone	(573) 546-7429	Alzheimer's Unit	No
IRONTON	MO 63650-4338	Level of Care	SNF	Bed Capacity	3
Mailing Address PO BOX 87		County	IRON	DMH Licensed	No
IRONTON	MO 63650-0087	Region 2		Facility Number	00274
BELLEVIEW VALLEY NURSING H	HOME				
23144 HIGHWAY 32		Telephone	(573) 697-5311	Alzheimer's Unit	No
BELLEVIEW	MO 63623-6346	Level of Care	SNF	Bed Capacity	122
Mailing Address 23144 HIGHWAY 32	2	County	IRON	DMH Licensed	No
BELLEVIEW	MO 63623-6346	Region 2 N	Medicare/Medicaid	Facility Number	00382
COCCIN DOADDING HOME					
GOGGIN BOARDING HOME 620 COUNTY ROAD 40		Telephone	(573) 697-5894	Alzheimer's Unit	No
CALEDONIA	MO 63631-9133	Level of Care	RCF	Bed Capacity	12
Mailing Address 620 COUNTY RD 40		County	IRON	DMH Licensed	Yes
CALEDONIA	MO 63631-9133	Region 2	IIIO	Facility Number	02937
		11081011			02,0,
GRANITE HOUSE RCF					
321 SOUTH MAIN STREET		Telephone	(573) 546-7283	Alzheimer's Unit	No
IRONTON	MO 63650-1406	Level of Care	RCF	Bed Capacity	60
Mailing Address PO BOX 66		County	IRON	DMH Licensed	Yes
IRONTON	MO 63650-0066	Region 2		Facility Number	04628
IRONTON RESIDENTIAL CARE C	ENTER, LLC				
101 SOUTH KNOB STREET		Telephone	(573) 546-3080	Alzheimer's Unit	No
IRONTON	MO 63650-1501	Level of Care	RCF	Bed Capacity	16
Mailing Address PO BOX 66		County	IRON	DMH Licensed	Yes
IRONTON	MO 63650-0066	Region 2		<b>Facility Number</b>	01901
MEADOWNDOOK DECIDENTIAL	CARE INC				
MEADOWBROOK RESIDENTIAL (	CARE, INC	Tolophone	(572) 546 7065	Alghaiman's Linit	No
806 WEST MULBERRY		Telephone	(573) 546-7065	Alzheimer's Unit	No
806 WEST MULBERRY PILOT KNOB	CARE, INC  MO 63663-	Level of Care	ALF**	Bed Capacity	36
806 WEST MULBERRY PILOT KNOB <b>Mailing Address</b> PO BOX 510	MO 63663-	Level of Care County		Bed Capacity DMH Licensed	36 No
806 WEST MULBERRY PILOT KNOB		Level of Care	ALF**	Bed Capacity	36
806 WEST MULBERRY PILOT KNOB <b>Mailing Address</b> PO BOX 510	MO 63663- MO 63663-0510	Level of Care County	ALF**	Bed Capacity DMH Licensed	36 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB	MO 63663- MO 63663-0510 FACILITY, INC	Level of Care County Region 2 Telephone	ALF**	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	36 No
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS	MO 63663- MO 63663-0510	Level of Care County Region 2	ALF** IRON  (573) 598-4202 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS Mailing Address 510 EAST 2ND ST	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County	ALF** IRON (573) 598-4202	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 No 12 Yes
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS	MO 63663- MO 63663-0510 FACILITY, INC	Level of Care County Region 2  Telephone Level of Care	ALF** IRON  (573) 598-4202 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 No 12
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County	ALF** IRON  (573) 598-4202 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 No 12 Yes
806 WEST MULBERRY PILOT KNOB Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS Mailing Address 510 EAST 2ND ST	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County	ALF** IRON  (573) 598-4202 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 No 12 Yes
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS Mailing Address 510 EAST 2ND ST ANNAPOLIS STONECREST HEALTHCARE	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County Region 2	ALF** IRON  (573) 598-4202 RCF IRON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	36 No 20513 No 12 Yes 06353
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM  Mailing Address PO BOX 707 VIBURNUM	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104  MO 65566- MO 65566-0707	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF IRON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	36 No 20513 No 12 Yes 06353 No 60 No
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM  Mailing Address PO BOX 707 VIBURNUM  TOWNHOUSE RESIDENTIAL CARE	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104  MO 65566- MO 65566-0707	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County Region 2	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF IRON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353 No 60 No 16689
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM Mailing Address PO BOX 707 VIBURNUM TOWNHOUSE RESIDENTIAL CAR 207 FRONT ST	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104  MO 65566- MO 65566-0707  RE FACILITY	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF IRON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353 No 60 No 16689
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM Mailing Address PO BOX 707 VIBURNUM TOWNHOUSE RESIDENTIAL CAR 207 FRONT ST ANNAPOLIS	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104  MO 65566- MO 65566-0707	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF IRON  Medicare/Medicaid  (573) 598-1168 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353 No 60 No 16689
806 WEST MULBERRY PILOT KNOB  Mailing Address PO BOX 510 PILOT KNOB  PATRICIA'S RESIDENTIAL CARE 510 EAST 2ND STREET ANNAPOLIS  Mailing Address 510 EAST 2ND ST ANNAPOLIS  STONECREST HEALTHCARE 2 HIGHWAY Y VIBURNUM Mailing Address PO BOX 707 VIBURNUM TOWNHOUSE RESIDENTIAL CAR 207 FRONT ST	MO 63663- MO 63663-0510  FACILITY, INC  MO 63620-9104  MO 63620-9104  MO 65566- MO 65566-0707  RE FACILITY	Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  Telephone	ALF** IRON  (573) 598-4202 RCF IRON  (573) 244-3171 SNF IRON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	36 No 20513 No 12 Yes 06353 No 60 No 16689

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## **JACKSON**

ARMOUR OAKS SENIOR LIV 8100 WORNALL ROAD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	Level of Care SNF	<b>Bed Capacity</b>	38
Mailing Address 8100 WORNA	LL RD	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region 3 Medicare/Medica	id Facility Number 00	199
ARMOUR OAKS SENIOR LIV	ING COMMUNITY			
8100 WORNALL ROAD		<b>Telephone</b> (816) 363-5141	Alzheimer's Unit	No
KANSAS CITY	MO 64114-5806	<b>Level of Care</b> ALF	Bed Capacity	47
Mailing Address 8100 WORNA	LL RD	County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-5806	Region 3	Facility Number 00	199
AUTUMN TERRACE HEALTI	H & REHABILITATION			
6124 RAYTOWN ROAD		<b>Telephone</b> (816) 358-8222		Yes
RAYTOWN	MO 64133-4007	Level of Care SNF	Bed Capacity	154
Mailing Address 6124 RAYTOV		County JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-4007	Region 3 Medicare/Medica	id Facility Number 00	768
BEACON HILL RESIDENTIA	L CARE			
2905 CAMPBELL		<b>Telephone</b> (816) 531-6168		No
KANSAS CITY	MO 64109-1417	Level of Care RCF*	Bed Capacity	37
Mailing Address 2905 CAMPBE		County JACKSON		Yes
KANSAS CITY	MO 64109-1417	Region 3	Facility Number 00	329
BENTON HOUSE OF BLUE SI	PRINGS			
1701 NW JEFFERSON STREET		<b>Telephone</b> (816) 224-2727		Yes
BLUE SPRINGS	MO 64015-7229	Level of Care ALF**	Bed Capacity	80
Mailing Address 1701 NW JEFF		County JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64015-7229	Region 3	Facility Number 29	729
BENTON HOUSE OF LEE'S S	UMMIT			
2160 SE BLUE PARKWAY		<b>Telephone</b> (816) 554-0101		Yes
LEE'S SUMMIT	MO 64063-1007	Level of Care ALF**	Bed Capacity	88
Mailing Address 2160 SE BLUE		County JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64063-1007	Region 3	Facility Number 28	136
BISHOP SPENCER PLACE, IN	IC, THE	T. I	A1 1 .* t. TT .*4	N.T
4301 MADISON AVENUE	MO (4111 2401	<b>Telephone</b> (816) 931-4277	Alzheimer's Unit Bed Capacity	No
KANSAS CITY	MO 64111-3491	Level of Care SNF	DMH Licensed	57
Mailing Address 4301 MADISO KANSAS CITY	MO 64111-3491	County JACKSON		No
KANSAS CITT	MO 04111-3491	Region 3 Medicare/Medica	id Facility Number 20	635
BISHOP SPENCER PLACE, IN	NC, THE	T-l (917) 921 4277	A 1-1	NT-
4301 MADISON AVENUE	MO (4111 2401	<b>Telephone</b> (816) 931-4277		No
KANSAS CITY	MO 64111-3491	Level of Care ALF**	Bed Capacity	40
Mailing Address 4301 MADISO		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-3491	Region 3	Facility Number 20	635
BLESSED HOMES		Tolonkono (017) 770 0071	Algheimente II	N.
305 E 63RD STREET	MO 64112 2225	Telephone (816) 678-8061	Alzheimer's Unit	No
KANSAS CITY  Mailing Address 205 E 62DD ST	MO 64113-2225	Level of Care RCF	Bed Capacity	10 No
Mailing Address 305 E 63RD ST		County JACKSON	DMH Licensed	No
KANSAS CITY	MO 64113-2225	Region 3	Facility Number 27	175

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BLUE HILLS REST HOME, INC	T. 1 1	(016) 706 2276	AT THE CONTRACTOR	N
2207 NORTH BLUE MILLS ROAD	Telephone 058-2022 Level of Care	(816) 796-3376	Alzheimer's Unit	No
INDEPENDENCE MO 6405		ALF** JACKSON	Bed Capacity DMH Licensed	57 No
Mailing Address 2207 N BLUE MILLS RD INDEPENDENCE MO 6405	County 958-2022 Region 3	JACKSON	Facility Number	11146
INDEFENDENCE NO 0403	Region 5		racinty Number	11140
BLUE RIVER REHABILITATION CENTER				
10425 CHESTNUT DR	Telephone	(816) 763-4444	Alzheimer's Unit	No
KANSAS CITY MO 6413	37-3201 Level of Care	SNF	Bed Capacity	160
Mailing Address 10425 CHESTNUT DR	County	JACKSON	DMH Licensed	No
KANSAS CITY MO 6413	37-3201 <b>Region</b> 3	Medicare/Medicaid	Facility Number	19114
BRIDGEWOOD HEALTH CARE CENTER				
11515 TROOST	Telephone	(816) 943-0101	Alzheimer's Unit	Yes
KANSAS CITY MO 6413	•	SNF	Bed Capacity	166
Mailing Address 11515 TROOST	County	JACKSON	DMH Licensed	No
KANSAS CITY MO 6413	·	Medicare/Medicaid	Facility Number	06555
	Ţ.			
BRISTOL MANOR OF OAK GROVE		(01.6) (07.000)		
300 NORTH AUSTIN	Telephone	(816) 625-8691	Alzheimer's Unit	No
OAK GROVE MO 6407		RCF	Bed Capacity	12 N
Mailing Address 300 N AUSTIN	County	JACKSON	DMH Licensed	No
OAK GROVE MO 6407	75-8109 <b>Region</b> 3		Facility Number	16552
BROOK CHATEAU LLC				
12942 WORNALL ROAD	Telephone	(816) 423-8500	Alzheimer's Unit	No
KANSAS CITY MO 6414	45-1253 Level of Care	RCF*	Bed Capacity	105
Mailing Address 12942 WORNALL RD	County	JACKSON	DMH Licensed	No
KANSAS CITY MO 6414	45-1253 <b>Region</b> 3		Facility Number	00644
BROOK CHATEAU LLC				
12942 WORNALL ROAD	Telephone	(816) 423-8500	Alzheimer's Unit	Yes
KANSAS CITY MO 6414	•	SNF	Bed Capacity	180
Mailing Address 12942 WORNALL RD	County	JACKSON	DMH Licensed	No
KANSAS CITY MO 6414	•	Medicare/Medicaid	Facility Number	00644
		7,704,704,704,704,704,704,704,704,704,70	•	
BROOKDALE WORNALL PLACE				
501 WEST 107TH STREET	Telephone	(816) 941-7777	Alzheimer's Unit	NO
KANSAS CITY MO 6411			Bed Capacity	68
Mailing Address 501 WEST 107TH STREET	County	JACKSON	DMH Licensed	No
KANSAS CITY MO 6411	14-5919 <b>Region</b> 3		Facility Number	29304
BUTTERFLY HAVEN				
11500 CAMPBELL ST	Telephone	(816) 941-2836	Alzheimer's Unit	No
KANSAS CITY MO 6413	.31-3829 Level of Care	RCF	Bed Capacity	12
Mailing Address 11500 CAMPBELL ST	County	JACKSON	DMH Licensed	Yes
KANSAS CITY MO 6413	31-3829 <b>Region</b> 3		Facility Number	18207
CAMPBELL CARE CENTER				
CAMPBELL CARE CENTER	Telenhous	(916) 021 1466	A 1-1	No
2826 CAMPBELL STREET KANSAS CITY MO 6410	Telephone 09-1124 Level of Care	(816) 931-1466 RCF*	Alzheimer's Unit Bed Capacity	No 27
Mailing Address 2826 CAMPBELL ST	County	JACKSON	DMH Licensed	Yes
KANSAS CITY MO 6410	·	OTACINDON	Facility Number	12825
1110/10/11/11	region 5		racincy rumber	12023
CARMEL HILLS HEALTHCARE AND REHAB	BILITATION CENTER			
810 EAST WALNUT ST.	Telephone	(816) 461-9600	Alzheimer's Unit	Yes
INDEPENDENCE MO 6405		SNF	<b>Bed Capacity</b>	194
Mailing Address 810 EAST WALNUT ST.	County	JACKSON	DMH Licensed	No
INDEPENDENCE MO 6405	250-4025 <b>Region</b> 3	Medicare/Medicaid	Facility Number	23422

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CARONEL ET MANOR					
CARONDELET MANOR 621 CARONDELET DRIVE		Telephone	(816) 943-4777	Alzheimer's Unit	No
KANSAS CITY	MO 64114-4670	Level of Care	(810) 943-4777 SNF	Bed Capacity	162
Mailing Address 621 CARONDELET		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-4670	Region 3	Medicare/Medicaid	Facility Number	12185
Mandrid CITT	110 04114 4070	Kegion 5	Wieuicai e/Wieuicaiu	racinty runiber	12103
CARRIE DUMAS LONG TERM CA	ARE FACILITY				
2836 BENTON BLVD		Telephone	(816) 924-5017	Alzheimer's Unit	No
KANSAS CITY	MO 64128-1140	Level of Care	ALF	<b>Bed Capacity</b>	34
Mailing Address 2836 BENTON BLV	/D	County	JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-1140	Region 3		Facility Number	18550
CLARA MANOR NURSING HOME	,				
3621 WARWICK BLVD		Telephone	(816) 756-1593	Alzheimer's Unit	No
KANSAS CITY	MO 64111-1403	Level of Care	` '	Bed Capacity	90
Mailing Address 3621 WARWICK BI		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64111-1403	Region 3	Medicaid	Facility Number	14102
		region 5	171cuicuiu		1.102
COLLIER CARE HOME, INC					
3001 NW VESPER ST		Telephone	(816) 229-6231	Alzheimer's Unit	No
BLUE SPRINGS	MO 64015-3104	Level of Care	RCF*	Bed Capacity	15
Mailing Address 3001 NW VESPER	ST	County	JACKSON	DMH Licensed	Yes
BLUE SPRINGS	MO 64015-3104	Region 3		Facility Number	01591
COUNTRY OAK VILLAGE					
101 CROSS CREEK DRIVE		Telephone	(816) 224-2700	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-9561	Level of Care	` '	Bed Capacity	32
Mailing Address 101 CROSS CREEK		County	JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-9561	Region 3	Unicipor	Facility Number	24279
		110g.011			2.27
EDGEWOOD MANOR NURSING H	HOME				
11900 JESSICA LANE		Telephone	(816) 358-7858	Alzheimer's Unit	No
RAYTOWN	MO 64138-2649	Level of Care		Bed Capacity	66
Mailing Address 11900 JESSICA LN		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64138-2649	Region 3	Medicare/Medicaid	Facility Number	14119
ESSEX OF GRAIN VALLEY, THE					
401 SOUTHWEST ROCK CREEK LA	NE	Telephone	(816) 443-3992	Alzheimer's Unit	No
GRAIN VALLEY	MO 64029-8460	Level of Care	` '	Bed Capacity	12
Mailing Address 401 SOUTHWEST I		County	JACKSON	DMH Licensed	No
GRAIN VALLEY	MO 64029-8460	Region 3		Facility Number	24475
				·	
GLENNON PLACE NURSING CEN	TER				
128 NORTH HARDESTY		Telephone	(816) 241-2020	Alzheimer's Unit	No
KANSAS CITY	MO 64123-1404	Level of Care		Bed Capacity	120
Mailing Address 128 N HARDESTY		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64123-1404	Region 3	Medicare/Medicaid	Facility Number	02928
GOLDEN LIVING COMMUNITY -	INDEPENDENCE CHATEAU				
17441 EAST MEDICAL CENTER PA		Telephone	(816) 478-1991	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care		Bed Capacity	20
Mailing Address 17441 EAST MEDIO		County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Region 3		Facility Number	20682
		<b>9</b> -		•	
GOLDEN LIVINGCENTER - INDE					
17451 EAST MEDICAL CENTER PA		Telephone	(816) 373-7795	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1805	Level of Care		Bed Capacity	118
Mailing Address 17451 EAST MEDIO		County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1805	Dogion 3	Madiagra/Madiagid	Facility Number	02792

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Medicare/Medicaid

**Facility Number** 

03782

MO 64057-1805

INDEPENDENCE

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CRECORY BIDGE I WING CENTER	n				
GREGORY RIDGE LIVING CENTE 7001 CLEVELAND AVENUE	K	Telephone	(816) 333-0700	Alzheimer's Unit	No
KANSAS CITY	MO 64132-1622	Level of Care	` '	Bed Capacity	116
Mailing Address 7001 CLEVELAND A		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64132-1622	Region 3	Medicare/Medicaid	Facility Number	04109
THE HOLD CIT I	110 01132 1022	Region 5	Wiculcai C/Wiculcaiu	Tuellity Tulliper	04107
GUARDIAN ANGEL CARE HOME					
6112 MANNING		Telephone	(816) 313-2515	Alzheimer's Unit	No
RAYTOWN	MO 64133-3757	Level of Care	RCF	Bed Capacity	12
Mailing Address PO BOX 177		County	JACKSON	DMH Licensed	Yes
OAK GROVE	MO 64075-0177	Region 3		Facility Number	21046
HARRIS HOUSE RESIDENTIAL CA	RE FACILITY. THE				
3859 EAST 59TH TERRACE	- ,	Telephone	(816) 349-3530	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4410	Level of Care	RCF	Bed Capacity	7
Mailing Address 3859 EAST 59TH TE	RRACE	County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4410	Region 3		<b>Facility Number</b>	16225
HIDDEN LAWE CARE CONTERD					
HIDDEN LAKE CARE CENTER 11400 HIDDEN LAKE DRIVE		T-1	(916) 727 1010	A 1_1 _ : T T : 4	No
RAYTOWN	MO 64133-7409	Telephone Level of Care	(816) 737-1010 RCF*	Alzheimer's Unit	No 48
Mailing Address PO BOX 16567	WIO 04133-7409	County	JACKSON	Bed Capacity DMH Licensed	No
RAYTOWN	MO 64133-0567	Region 3	JACKSON	Facility Number	17146
MITOWN	NO 04133 0307	Region 5		racinty Number	17140
HIDDEN LAKE CARE CENTER					
11400 HIDDEN LAKE DRIVE		Telephone	(816) 737-1010	Alzheimer's Unit	No
RAYTOWN	MO 64133-7409	Level of Care	SNF	Bed Capacity	112
Mailing Address PO BOX 16567		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-0567	Region 3	Medicare/Medicaid	Facility Number	17146
HIGHLAND REHABILITATION &	HEALTH CARE CENTER				
904 EAST 68TH ST		Telephone	(816) 333-5485	Alzheimer's Unit	Yes
KANSAS CITY	MO 64131-1305	Level of Care	SNF	Bed Capacity	162
Mailing Address 904 EAST 68TH ST		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64131-1305	Region 3	Medicare/Medicaid	Facility Number	06782
HOLMESDALE HEALTHCARE & F	REHABILITATION CENTER	m.11	(016) 262 6022	A1 1	NT.
8033 HOLMES RD	MO (4121 2115	Telephone	(816) 363-6222	Alzheimer's Unit	No 100
KANSAS CITY Mailing Address 8033 HOLMES RD	MO 64131-2115	Level of Care County		Bed Capacity DMH Licensed	100 No
KANSAS CITY	MO 64131-2115	Region 3	JACKSON Medicare/Medicaid	Facility Number	No 03680
Mandrid CITT	MO 04131 2113	Region 5	Wieulcai e/Wieulcaiu	racinty Number	03080
HOPE CARE CENTER					
115 EAST 83RD ST		Telephone	(816) 523-3988	Alzheimer's Unit	No
KANSAS CITY	MO 64114-2537	Level of Care	SNF	Bed Capacity	16
Mailing Address 115 EAST 83RD ST		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64114-2537	Region 3	Medicaid	Facility Number	21370
HOUSE OF CARE CENTER					
3744 BENTON BLVD		Telephone	(816) 921-6852	Alzheimer's Unit	No
KANSAS CITY	MO 64128-2515	Level of Care		Bed Capacity	8
Mailing Address PO BOX 287912		County	JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64128-7912	Region 3		Facility Number	17001
DIDEDENDENCE MANOS CASE CO	ENGER				
INDEPENDENCE MANOR CARE CI 1600 SOUTH KINGS HIGHWAY	eniek	Telephone	(816) 833-4777	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64055-1853	Level of Care	` '	Bed Capacity	99
Mailing Address 1600 S KINGS HWY	1410 04033-1033	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64055-1853	Region 3	Medicare/Medicaid	Facility Number	03807
		Acgion 5	macuicai c/Micuicaid	- ucincy muniber	03007

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JEANNE JUGAN CENTER	<b>(01.6) 7.61 47.44</b>		
8745 JAMES A REED ROAD	<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No	
KANSAS CITY MO 64138-4414	Level of Care RCF*	Bed Capacity 23	
Mailing Address 8745 JAMES A REED RD	County JACKSON	DMH Licensed No	
KANSAS CITY MO 64138-4414	Region 3	Facility Number 12724	
JEANNE JUGAN CENTER			
8745 JAMES A REED ROAD	<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No	
KANSAS CITY MO 64138-4414	Level of Care SNF	Bed Capacity 26	
Mailing Address 8745 JAMES A REED RD	County JACKSON	DMH Licensed No	
KANSAS CITY MO 64138-4414	Region 3 Medicaid	Facility Number 12724	
JEANNE JUGAN CENTER			
8745 JAMES A REED ROAD	<b>Telephone</b> (816) 761-4744	Alzheimer's Unit No	
KANSAS CITY MO 64138-4414	Level of Care ICF	<b>Bed Capacity</b> 25	
Mailing Address 8745 JAMES A REED RD	County JACKSON	<b>DMH Licensed</b> No	
KANSAS CITY MO 64138-4414	Region 3 Medicaid	Facility Number 12724	
HEEFEDSON HEALTH CADE			
JEFFERSON HEALTH CARE 615 SW OLDHAM PARKWAY	Telephone (916) 524 2229	Alzheimer's Unit NO	
LEE'S SUMMIT MO 64081-2602	Telephone (816) 524-3328 Level of Care SNF		
Mailing Address 615 SW OLDHAM PKWY LEE'S SUMMIT MO 64081-2602	County JACKSON	DMH Licensed No	
LEE'S SUMMIT MO 64081-2602	Region 3 Medicare/Medicaid	Facility Number 04415	
JOHN KNOX VILLAGE CARE CENTER			
600 NW PRYOR ROAD	<b>Telephone</b> (816) 246-4343	Alzheimer's Unit Yes	
LEE'S SUMMIT MO 64081-1104	Level of Care SNF	<b>Bed Capacity</b> 430	
Mailing Address 600 NW PRYOR RD	County JACKSON	DMH Licensed No	
LEE'S SUMMIT MO 64081-1104	Region 3 Medicare/Medicaid	Facility Number 14529	
	Region 5 Medical Confederate	1132)	
JOLET HOME			
3920 FOREST	<b>Telephone</b> (816) 531-5308	Alzheimer's Unit No	
KANSAS CITY MO 64110-1220	Level of Care RCF	Bed Capacity 17	
Mailing Address 3920 FOREST	County JACKSON	<b>DMH Licensed</b> Yes	
KANSAS CITY MO 64110-1220	Region 3	Facility Number 03982	
www.cawo.op			
KINGSWOOD	m		
10000 WORNALL ROAD	<b>Telephone</b> (816) 942-0994	Alzheimer's Unit Yes	
KANSAS CITY MO 64114-4359	Level of Care SNF	<b>Bed Capacity</b> 86	
Mailing Address 10000 WORNALL RD	County JACKSON	DMH Licensed No	
KANSAS CITY MO 64114-4359	Region 3 Medicare/Medicaid	Facility Number 04152	
KINGSWOOD			
10000 WORNALL ROAD	<b>Telephone</b> (816) 942-0994	Alzheimer's Unit No	
KANSAS CITY MO 64114-4359	Level of Care ALF	Bed Capacity 17	
Mailing Address 10000 WORNALL RD	County JACKSON	DMH Licensed Yes	
KANSAS CITY MO 64114-4359	Region 3	Facility Number 04152	
in the time to the	Region 5	Tuelley Number 04132	
LEE'S SUMMIT POINTE HEALTH & REHABILITATION			
1501 SW 3RD STREET	<b>Telephone</b> (816) 525-6300	Alzheimer's Unit No	
LEE'S SUMMIT MO 64081-2424	Level of Care SNF	Bed Capacity 60	
Mailing Address 1501 SW 3RD STREET	County JACKSON	DMH Licensed No	
LEE'S SUMMIT MO 64081-2424	Region 3 Medicare/Medicaid	Facility Number 12484	
LIFE CARE CENTER OF GRANDVIEW			
6301 EAST 125TH STREET	<b>Telephone</b> (816) 765-7714	Alzheimer's Unit Yes	
GRANDVIEW MO 64030-1884	Level of Care SNF	Bed Capacity 172	
Mailing Address 6301 EAST 125TH ST	County JACKSON	DMH Licensed No	
GRANDVIEW MO 64030-1884	Region 3 Medicare/Medicaid	Facility Number 11929	

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LODGE RESIDENTIAL CARE FACILITY, THE	
3860 EAST 60TH ST	<b>Telephone</b> (816) 349-3520 <b>Alzheimer's Unit</b> Yes
KANSAS CITY MO 64130-4418	Level of Care RCF Bed Capacity 8
Mailing Address 3860 EAST 60TH ST	County JACKSON DMH Licensed No
KANSAS CITY MO 64130-4418	<b>Region</b> 3 <b>Facility Number</b> 16211
MAYWOOD MANOR	
1041 WEST TRUMAN ROAD	Telephone (816) 254-6789 Alzheimer's Unit No
INDEPENDENCE MO 64050-3447	Level of Care RCF* Bed Capacity 24
Mailing Address 1041 WEST TRUMAN RD	County JACKSON DMH Licensed No
INDEPENDENCE MO 64050-3447	Region 3 Facility Number 03948
MAYWOOD TERRACE LIVING CENTER	
10300 EAST TRUMAN ROAD	<b>Telephone</b> (816) 836-1250 <b>Alzheimer's Unit</b> Yes
INDEPENDENCE MO 64052-2258	Level of Care SNF Bed Capacity 89
Mailing Address 10300 EAST TRUMAN RD	County JACKSON DMH Licensed No
INDEPENDENCE MO 64052-2258	<b>Region</b> 3 <b>Medicare/Medicaid Facility Number</b> 08673
MONTEDEV DADY DEHADII ITATION 6 HEALTH CADE CEN	WED
MONTEREY PARK REHABILITATION & HEALTH CARE CEN 4600 LITTLE BLUE PARKWAY	
INDEPENDENCE MO 64057-8302	* * * * * * * * * * * * * * * * * * * *
Mailing Address 4600 LITTLE BLUE PRKWY INDEPENDENCE MO 64057-8302	
INDEFENDENCE MO 04037-8302	<b>Region</b> 3 <b>Medicare/Medicaid Facility Number</b> 15987
MYERS NURSING & CONVALESCENT CENTER	
2315 WALROND AVENUE	<b>Telephone</b> (816) 231-3180 <b>Alzheimer's Unit</b> No
KANSAS CITY MO 64127-4210	Level of Care ICF Bed Capacity 84
Mailing Address 2315 WALROND AVE	County JACKSON DMH Licensed No
KANSAS CITY MO 64127-4210	<b>Region</b> 3 Medicaid Facility Number 05626
OAK GROVE NURSING & REHAB	
2108 SOUTH MITCHELL	<b>Telephone</b> (816) 690-4118 <b>Alzheimer's Unit</b> Yes
OAK GROVE MO 64075-9472	Level of Care SNF Bed Capacity 90
Mailing Address 2108 S MITCHELL	County JACKSON DMH Licensed No
OAK GROVE MO 64075-9472	<b>Region</b> 3 <b>Medicare/Medicaid Facility Number</b> 05849
OAKS, THE	
5550 NOLAND ROAD	Telephone (816) 356-0200 Alzheimer's Unit No
KANSAS CITY MO 64133-3685	Level of Care RCF Bed Capacity 62
Mailing Address 5550 NOLAND RD	County JACKSON DMH Licensed Yes
KANSAS CITY MO 64133-3685	Region 3 Facility Number 13440
	10,10
PARKWAY HEALTH AND REHAB	
2323 SWOPE PARKWAY	<b>Telephone</b> (816) 924-1122 <b>Alzheimer's Unit</b> No
KANSAS CITY MO 64130-2638	Level of Care SNF Bed Capacity 97
Mailing Address 2323 SWOPE PARKWAY	County JACKSON DMH Licensed No
KANSAS CITY MO 64130-2638	<b>Region</b> 3 <b>Medicare/Medicaid Facility Number</b> 07092
DACEO DECIDENTIAL CADE I	
PASEO RESIDENTIAL CARE I 3433 PASEO	T-1
	Telephone (816) 921-3378 Alzheimer's Unit No
KANSAS CITY MO 64109-2401  Mailing Address 3/123 PASEO	Level of Care RCF Bed Capacity 28 County JACKSON DMH Licensed Yes
Mailing Address 3433 PASEO KANSAS CITY MO 64109-2401	·
KANDAD CITT WIO 04109-2401	<b>Region</b> 3 <b>Facility Number</b> 06342
PLAZA REHABILITATION & HEALTH CARE CENTER, THE	
4330 WASHINGTON	<b>Telephone</b> (816) 753-6800 <b>Alzheimer's Unit</b> Yes
KANSAS CITY MO 64111-3340	Level of Care SNF Bed Capacity 154
Mailing Address 4330 WASHINGTON	County JACKSON DMH Licensed No
KANSAS CITY MO 64111-3340	Region 3 Medicare/Medicaid Facility Number 05989

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RAYTOWN BICKFORD HOUSE					
9110 EAST 63RD STREET		Telephone	(816) 353-3400	Alzheimer's Unit	No
RAYTOWN	MO 64133-4893	Level of Care	ALF**	Bed Capacity	85
Mailing Address 9110 EAST 63RD S		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64133-4893	Region 3		Facility Number	24227
REHABILITATION CENTER OF I	NDEPENDENCE, THE				
1800 S SWOPE DRIVE		Telephone	(816) 257-2566	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-1084	Level of Care	SNF	Bed Capacity	130
Mailing Address 1800 S SWOPE DR	RIVE	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1084	Region 3	Medicare/Medicaid	Facility Number	22063
ROCKHILL MANOR ASSISTED L	IVING				
4235 LOCUST STREET		Telephone	(816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care	ALF	Bed Capacity	154
Mailing Address PO BOX 5930		County	JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3		Facility Number	06794
ROCKHILL MANOR ASSISTED L	IVING				
4235 LOCUST STREET	111.10	Telephone	(816) 931-2225	Alzheimer's Unit	No
KANSAS CITY	MO 64110-1016	Level of Care	ALF**	Bed Capacity	36
Mailing Address PO BOX 5930		County	JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64171-0930	Region 3	0110110011	Facility Number	06794
		-10g.v.			00771
ROSEWOOD HEALTH AND REHA	AB CENTER				
1415 WEST WHITE OAK		Telephone	(816) 254-3500	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64050-2590	Level of Care	SNF	Bed Capacity	300
Mailing Address 1415 WEST WHITE	E OAK	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-2590	Region 3	Medicare/Medicaid	Facility Number	06604
SEASONS CARE CENTER					
15600 WOODS CHAPEL ROAD		Telephone	(816) 478-4757	Alzheimer's Unit	Yes
KANSAS CITY	MO 64139-1261	Level of Care	SNF	Bed Capacity	46
Mailing Address 15600 WOODS CH.		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64139-1261	Region 3	Medicare/Medicaid	Facility Number	23712
	0.10, 1201	region 5	Medical C/Medicald	1 delity 1 (dilloci	23712
SHANGRI LA REHAB & LIVING	CENTER				
930 NORTH EAST DUNCAN ROAD		Telephone	(816) 229-6677	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2173	Level of Care	SNF	Bed Capacity	120
Mailing Address 930 NORTH EAST	DUNCAN RD	County	JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2173	Region 3	Medicare/Medicaid	Facility Number	00677
ST MARY'S MANOR					
111 MOCK AVENUE		Telephone	(816) 228-5655	Alzheimer's Unit	Yes
BLUE SPRINGS	MO 64014-2504	Level of Care	SNF	Bed Capacity	132
Mailing Address 111 MOCK AVE	1410 04014-2304	County	JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	·	Medicare/Medicaid	Facility Number	13219
BLUE SI KINGS	1410 04014-2304	Kegion 5	Medical e/Medicald	racinty rumber	13219
ST MARY'S MANOR					
111 MOCK AVENUE		Telephone	(816) 228-5655	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2504	Level of Care	ALF**	<b>Bed Capacity</b>	57
Mailing Address 111 MOCK AVE		County	JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2504	Region 3		Facility Number	13219
CHIMANATE TOTAL					
SUMMIT, THE		Tolonb	(916) 021 1107	Alzhoimonia II!4	NT.
3660 SUMMIT KANSAS CITY	MO 64111-4632	Telephone Level of Care	(816) 931-1196 SNF	Alzheimer's Unit Bed Capacity	No 64
Mailing Address 3660 SUMMIT	WIO 04111-4032	County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 6/111-//632	•	JACKSUN  Modicaro/Modicaid	Facility Number	19220

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Medicare/Medicaid

**Facility Number** 

18330

MO 64111-4632

KANSAS CITY

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SUMMITVIEW TERRACE ASSIST	ED LIVING BY AMERICARE				
12101 EAST BANNISTER ROAD		Telephone	(816) 763-6667	Alzheimer's Unit	No
KANSAS CITY	MO 64138-4913	Level of Care	ALF**	Bed Capacity	48
Mailing Address 12101 EAST BANN		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64138-4913	Region 3		Facility Number	16311
SWOPE RIDGE GERIATRIC CENT	ΓER				
5900 SWOPE PARKWAY		Telephone	(816) 333-2700	Alzheimer's Unit	No
KANSAS CITY	MO 64130-4241	Level of Care	SNF	<b>Bed Capacity</b>	240
Mailing Address 5900 SWOPE PRKV	VY	County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64130-4241	Region 3	Medicare/Medicaid	Facility Number	07904
TIMBERLAKE CARE CENTER					
12110 HOLMES ROAD		Telephone	(816) 941-3006	Alzheimer's Unit	No
KANSAS CITY	MO 64145-1707	Level of Care	SNF	Bed Capacity	122
Mailing Address 12110 HOLMES RE		County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64145-1707	Region 3	Medicare/Medicaid	Facility Number	10962
		8		·	
TURNING POINT GROUP HOME					
1720 SWOPE DRIVE		Telephone	(816) 257-1435	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-2163	Level of Care	RCF	Bed Capacity	12
Mailing Address PO BOX 1193	150 (1051 0500	County	JACKSON	DMH Licensed	Yes
INDEPENDENCE	MO 64051-0693	Region 3		Facility Number	13608
VILLA VENTURA ASSISTED LIVI	NG FACILITY				
12100 WORNALL ROAD		Telephone	(816) 941-0525	Alzheimer's Unit	No
KANSAS CITY	MO 64145-1764	Level of Care	ALF**	<b>Bed Capacity</b>	50
Mailing Address 12100 WORNALL F	RD	County	JACKSON	DMH Licensed	No
KANSAS CITY	MO 64145-1764	Region 3		Facility Number	15614
VII I ACE ACCICTED I IVING					
VILLAGE ASSISTED LIVING 1704 NORTHWEST O'BRIEN ROAD		Tolombono	(916) 247 2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Telephone Level of Care	(816) 347-2700 ALF**	Bed Capacity	141
Mailing Address 1704 NORTHWEST		County	JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3	SHORDON	Facility Number	16108
ZZZ 6 German	0.001 1007	region 5		1 deliley 1 delile et	10100
VILLAGE ASSISTED LIVING					
1701 NW O'BRIEN ROAD		Telephone	(816) 347-2700	Alzheimer's Unit	Yes
LEE'S SUMMIT	MO 64081-1559	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1701 NW O'BRIEN		County	JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64081-1559	Region 3		Facility Number	29258
VILLAGE AT CARROLL PARK, T	HE				
5301 HARRY TRUMAN DRIVE		Telephone	(816) 761-6838	Alzheimer's Unit	No
GRANDVIEW	MO 64030-1708	Level of Care	ICF	Bed Capacity	93
Mailing Address 5301 HARRY TRUM	MAN DRIVE	County	JACKSON	DMH Licensed	Yes
GRANDVIEW	MO 64030-1708	Region 3		<b>Facility Number</b>	03157
VILLAGE RESIDENTIAL CARE			(01.6) 2.47 2700		
1704 NORTHWEST O'BRIEN ROAD	MO 64091 1550	Telephone	(816) 347-2700	Alzheimer's Unit	No
LEE'S SUMMIT  Moiling Address 1704 NORTHWEST	MO 64081-1559	Level of Care	RCF*	Bed Capacity	31 No.
Mailing Address 1704 NORTHWEST LEE'S SUMMIT	MO 64081-1559	County  Pogion 3	JACKSON	DMH Licensed	No
LEE 5 SUMMIII	MIO 04001-1339	Region 3		Facility Number	16108
VILLAGES OF JACKSON CREEK	MEMORY CARE, THE				
19400 EAST 40TH ST COURT SOUT	Н	Telephone	(816) 795-1433	Alzheimer's Unit	Yes
INDEPENDENCE	MO 64057-1548	Level of Care	ICF	<b>Bed Capacity</b>	70
Mailing Address 19400 EAST 40TH	ST COURT SOUTH	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-1548	Region 3		Facility Number	25894

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VILLAGES OF JACKSON CREEK,	, THE				
3980 SOUTH JACKSON DRIVE		Telephone	(816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-2205	Level of Care	ALF**	Bed Capacity	62
Mailing Address 3980 S JACKSON D		County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3		Facility Number	25709
VILLAGES OF JACKSON CREEK,	, THE				
3980 SOUTH JACKSON DRIVE		Telephone	(816) 795-1433	Alzheimer's Unit	No
INDEPENDENCE	MO 64057-2205	Level of Care	SNF	Bed Capacity	120
Mailing Address 3980 S JACKSON D	OR	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64057-2205	Region 3	Medicare/Medicaid	Facility Number	25709
WATERFORD LADIES HOME					
500 NW VESPER ST		Telephone	(816) 228-6337	Alzheimer's Unit	No
BLUE SPRINGS	MO 64014-2744	Level of Care	RCF	Bed Capacity	27
Mailing Address 500 NW VESPER ST	T	County	JACKSON	DMH Licensed	No
BLUE SPRINGS	MO 64014-2744	Region 3		Facility Number	13774
		Region			10771
WATERFORD SOUTH					
11515 HOLMES ROAD		Telephone	(816) 942-4898	Alzheimer's Unit	No
KANSAS CITY	MO 64131-3856	Level of Care	ALF	<b>Bed Capacity</b>	28
Mailing Address 11515 HOLMES RD	)	County	JACKSON	DMH Licensed	Yes
KANSAS CITY	MO 64131-3856	Region 3		Facility Number	14888
WESTRIDGE GARDENS REHABII	LITATION & HEALTH CAR	E CENTER			
11901 JESSICA LANE		Telephone	(816) 358-3535	Alzheimer's Unit	No
RAYTOWN	MO 64138-2639	Level of Care	SNF	Bed Capacity	120
Mailing Address 11901 JESSICA LN		County	JACKSON	DMH Licensed	No
RAYTOWN	MO 64138-2639	Region 3	Medicare/Medicaid	Facility Number	03514
WHITE OAK LIVING CENTER					
1515 WEST WHITE OAK		Telephone	(816) 254-3500	Alzheimer's Unit	No
INDEPENDENCE	MO 64050-2557	Level of Care	ALF**	Bed Capacity	78
Mailing Address 1515 WEST WHITE	E OAK	County	JACKSON	DMH Licensed	No
INDEPENDENCE	MO 64050-2557	Region 3		Facility Number	06604
WILSHIRE AT LAKEWOOD					
600 NE MEADOWVIEW DRIVE		Telephone	(816) 554-9866	Alzheimer's Unit	No
LEE'S SUMMIT	MO 64064-1983	Level of Care	SNF	Bed Capacity	170
Mailing Address 600 NE MEADOWV		County	JACKSON	DMH Licensed	No
LEE'S SUMMIT	MO 64064-1983	Region 3	Medicare/Medicaid	Facility Number	22471
LEES SUMMIT	WO 04004-1983	Kegion 5	Wiedicare/Medicaid	racinty Number	224/1
WOOD OAKS, INC					
1804 SOUTH STERLING AVENUE		Telephone	(816) 254-5400	Alzheimer's Unit	No
INDEPENDENCE	MO 64052-3845	Level of Care	RCF*	<b>Bed Capacity</b>	30
Mailing Address PO BOX 520049		County	JACKSON	DMH Licensed	Yes
INDEPENDENCE	MO 64052-0049	Region 3		Facility Number	02389
		JASPER			
AUTUMN PLACE RESIDENTIAL (	CARE OF JOPLIN				
2030 E ZORA ST		Telephone	(417) 626-8900	Alzheimer's Unit	No
JOPLIN	MO 64801-1170	Level of Care	RCF*	Bed Capacity	38
Mailing Address 2030 E ZORA ST		County	JASPER	DMH Licensed	No
IODI IN	MO 64901 1170	<b>T</b> 1		Easility Number	20770

**Facility Number** 

20779

MO 64801-1170

**JOPLIN** 

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PRICEOU MANOR OF CARTIA CE					
BRISTOL MANOR OF CARTHAGE	2	Talanhana	(417) 250 0700	Alahaiman'a Unit	No
2131 SOUTH RIVER AVENUE CARTHAGE	MO 64836-3350	Telephone Level of Care	(417) 358-9788 RCF	Alzheimer's Unit Bed Capacity	No 12
Mailing Address 2131 S RIVER AVE	WO 04830-3330	County	JASPER	DMH Licensed	Yes
CARTHAGE	MO 64836-3350	Region 1	JASI EK	Facility Number	20858
0.11.11.102	110 01000 0000	Region 1		1 deliley 1 (dilloci	20050
BRISTOL MANOR OF WEBB CITY	7				
1803 NORTH MAIN, HIGHWAY D		Telephone	(417) 673-4231	Alzheimer's Unit	No
WEBB CITY	MO 64870-1193	Level of Care		Bed Capacity	12
Mailing Address 1803 NORTH MAIN		County	JASPER	DMH Licensed	No
WEBB CITY	MO 64870-1193	Region 1		Facility Number	20537
CARL JUNCTION RESIDENTIAL O	CARE				
201 FIR ROAD		Telephone	(417) 782-5659	Alzheimer's Unit	No
CARL JUNCTION	MO 64834-9222	Level of Care	RCF*	Bed Capacity	37
Mailing Address 201 FIR RD		County	JASPER	DMH Licensed	No
CARL JUNCTION	MO 64834-9222	Region 1		Facility Number	20550
CARRIAGE HEALTH AND DEHAL	DIL KEA ELON CENTED				
CARTHAGE HEALTH AND REHAL 1901 BUENA VISTA AVENUE	BILITATION CENTER	Telephone	(417) 358-1937	Alzheimer's Unit	Yes
CARTHAGE	MO 64836-3178	Level of Care	` '	Bed Capacity	120
Mailing Address 1901 BUENA VISTA		County	JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3178	Region 1	Medicare/Medicaid	Facility Number	12472
		11081011	ivicalcul c/1vicalculu		12.72
COMMUNITIES OF WILDWOOD F	RANCH				
3222 SOUTH JOHN DUFFY DR		Telephone	(417) 621-0175	Alzheimer's Unit	No
JOPLIN	MO 64804-1569	Level of Care		Bed Capacity	120
Mailing Address 3222 SOUTH JOHN		County	JASPER	DMH Licensed	No
JOPLIN	MO 64804-1569	Region 1	Medicare/Medicaid	Facility Number	29077
FOXBERRY TERRACE - ASSISTEI	LIVING BY AMERICARE				
4316 N ST LOUIS AVENUE		Telephone	(417) 625-1000	Alzheimer's Unit	No
WEBB CITY	MO 64870-9550	Level of Care	ALF**	<b>Bed Capacity</b>	42
Mailing Address 4316 NORTH ST LO	UIS AVE	County	JASPER	DMH Licensed	No
WEBB CITY	MO 64870-9550	Region 1		Facility Number	25428
MAPLE TREE TERRACE - ASSIST	ED I IVING RV AMERICARE				
2510 CLINTON ST	ED EIVING DI AMERICARE	Telephone	(417) 358-7201	Alzheimer's Unit	No
CARTHAGE	MO 64836-3427	Level of Care	` ′	Bed Capacity	50
Mailing Address 2510 CLINTON ST		County	JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3427	Region 1		Facility Number	17660
		_			
SARCOXIE NURSING CENTER			(417) 540 2424		
1505 MINER	MO (40/2 0211	Telephone	(417) 548-3434	Alzheimer's Unit	No
SARCOXIE  Mailing Address PO BOX 248	MO 64862-9211	Level of Care	SNF <b>JASPER</b>	Bed Capacity DMH Licensed	40 No.
SARCOXIE		County	JASPEK	DMH Licensed	No
SARCOALL	MO 64862-0248	Dogion 1	Madiagra/Madiagid	Facility Number	06864
SPRING RIVER CHRISTIAN VILLA	MO 64862-0248	Region 1	Medicare/Medicaid	Facility Number	06864
		Region 1	Medicare/Medicaid	Facility Number	06864
201 S NORTHPARK LN	AGE, INC	Region 1 Telephone	(417) 623-4313	Alzheimer's Unit	No
JOPLIN	AGE, INC MO 64801-8426	Telephone Level of Care	(417) 623-4313 SNF	Alzheimer's Unit Bed Capacity	No 120
JOPLIN Mailing Address 201 S NORTHPARK	AGE, INC  MO 64801-8426 LN	Telephone Level of Care County	(417) 623-4313 SNF <b>JASPER</b>	Alzheimer's Unit Bed Capacity DMH Licensed	No 120 No
JOPLIN	AGE, INC MO 64801-8426	Telephone Level of Care	(417) 623-4313 SNF	Alzheimer's Unit Bed Capacity	No 120
JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN	MO 64801-8426 LN MO 64801-8426	Telephone Level of Care County	(417) 623-4313 SNF <b>JASPER</b>	Alzheimer's Unit Bed Capacity DMH Licensed	No 120 No
JOPLIN Mailing Address 201 S NORTHPARK	MO 64801-8426 LN MO 64801-8426	Telephone Level of Care County	(417) 623-4313 SNF <b>JASPER</b>	Alzheimer's Unit Bed Capacity DMH Licensed	No 120 No
JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN  SPRING RIVER CHRISTIAN VILLA	MO 64801-8426 LN MO 64801-8426	Telephone Level of Care County Region 1	(417) 623-4313 SNF JASPER Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 14251
JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN  SPRING RIVER CHRISTIAN VILLA 201 S NORTHPARK LN	MO 64801-8426 LIN MO 64801-8426 AGE, INC MO 64801-8426	Telephone Level of Care County Region 1	(417) 623-4313 SNF JASPER Medicare/Medicaid (417) 623-4313	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 14251
JOPLIN  Mailing Address 201 S NORTHPARK JOPLIN  SPRING RIVER CHRISTIAN VILLA 201 S NORTHPARK LN JOPLIN	MO 64801-8426 LIN MO 64801-8426 AGE, INC MO 64801-8426	Telephone Level of Care County Region 1 Telephone Level of Care	(417) 623-4313 SNF JASPER Medicare/Medicaid (417) 623-4313 ALF**	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 120 No 14251 No 93

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ST LUKE'S NURSING CENTER, IN	C	T. 1 1	(417) 250 0004	A1 1	37
1220 EAST FAIRVIEW AVENUE CARTHAGE	MO 64836-3122	Telephone Level of Care	(417) 358-9084 SNF	Alzheimer's Unit	Yes 95
Mailing Address 1220 EAST FAIRVII			JASPER	Bed Capacity DMH Licensed	95 No
CARTHAGE	MO 64836-3122	County		Facility Number	07606
CARTHAGE	WO 04830-3122	Region 1	Medicare/Medicaid	racinty Number	07606
ST LUKE'S RESIDENTIAL CARE I	FACILITY				
1220 EAST FAIRVIEW AVENUE		Telephone	(417) 358-9084	Alzheimer's Unit	No
CARTHAGE	MO 64836-3122	Level of Care	ALF**	<b>Bed Capacity</b>	41
Mailing Address 1220 EAST FAIRVII	EW AVE	County	JASPER	DMH Licensed	No
CARTHAGE	MO 64836-3122	Region 1		Facility Number	07606
SUNNYHILLS RESIDENTIAL CAR	E FACILITY				
17562 IMPERIAL ROAD		Telephone	(417) 358-6122	Alzheimer's Unit	No
CARTHAGE	MO 64836-8753	Level of Care	RCF	Bed Capacity	18
Mailing Address 17562 IMPERIAL R	D	County	JASPER	DMH Licensed	No
CARTHAGE	MO 64836-8753	Region 1		Facility Number	13351
		8		·	
WEBB CITY HEALTH AND REHA	BILITATION CENTER				
2077 STADIUM DRIVE		Telephone	(417) 673-1933	Alzheimer's Unit	Yes
WEBB CITY	MO 64870-9743	Level of Care	SNF	Bed Capacity	120
Mailing Address 2077 STADIUM DR		County	JASPER	DMH Licensed	No
WEBB CITY	MO 64870-9743	Region 1	Medicare/Medicaid	Facility Number	12286
WHISPERING PINES SENIOR LIV	ING				
4904 EAST WELLRIDGE LANE		Telephone	(417) 781-0099	Alzheimer's Unit	No
JOPLIN	MO 64801-8793	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address 4904 EAST WELLR	IDCE I N	County	JASPER	DMH Licensed	No
Maining Addition 4704 LAST WELLER	IDGE LIV	County	JASIEK	Divili Liccisca	110
JOPLIN	MO 64801-8793	Region 1	JASIEK	Facility Number	09477
_		Region 1	JASI ER		
JOPLIN	MO 64801-8793	Region 1	JASI EK		
JOPLIN  AUTUMN RIDGE	MO 64801-8793	Region 1		Facility Number	09477
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE	MO 64801-8793 <b>JEFFE</b>	Region 1 CRSON Telephone	(636) 931-8400	Facility Number  Alzheimer's Unit	09477 No
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM	MO 64801-8793 <b>JEFFF</b> MO 63048-1506	Region 1 CRSON Telephone Level of Care	(636) 931-8400 RCF*	Facility Number  Alzheimer's Unit Bed Capacity	09477 No 81
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGE	MO 64801-8793 <b>JEFFF</b> MO 63048-1506  GE DR	Region 1  CRSON  Telephone Level of Care County	(636) 931-8400	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	09477 No 81 Yes
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM	MO 64801-8793 <b>JEFFF</b> MO 63048-1506	Region 1 CRSON Telephone Level of Care	(636) 931-8400 RCF*	Facility Number  Alzheimer's Unit Bed Capacity	09477 No 81
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGE	MO 64801-8793 <b>JEFFF</b> MO 63048-1506  GE DR	Region 1  CRSON  Telephone Level of Care County	(636) 931-8400 RCF*	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	09477 No 81 Yes
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM	MO 64801-8793 <b>JEFFF</b> MO 63048-1506  GE DR	Region 1  CRSON  Telephone Level of Care County	(636) 931-8400 RCF*	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	09477 No 81 Yes
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM  BAISCH NURSING CENTER	MO 64801-8793 <b>JEFFF</b> MO 63048-1506  BE DR	Region 1  CRSON  Telephone Level of Care County Region 7	(636) 931-8400 RCF* <b>JEFFERSON</b>	Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE	MO 64801-8793  JEFFE  MO 63048-1506  GE DR  MO 63048-1506	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone	(636) 931-8400 RCF* <b>JEFFERSON</b> (636) 586-2291	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 81 Yes 15845
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO	MO 64801-8793  JEFFE  MO 63048-1506  GE DR  MO 63048-1506	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care	(636) 931-8400 RCF* <b>JEFFERSON</b> (636) 586-2291 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 81 Yes 15845 No 18
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO  Mailing Address 3260 BAISCH DR DE SOTO	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63048-1506  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County	(636) 931-8400 RCF* <b>JEFFERSON</b> (636) 586-2291 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 81 Yes 15845 No 18 No
JOPLIN  AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM  Mailing Address 300 AUTUMN RIDGHERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO  Mailing Address 3260 BAISCH DR	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63048-1506  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 81 Yes 15845 No 18 No
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDG HERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63048-1506  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* <b>JEFFERSON</b> (636) 586-2291 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845 No 18 No 00910
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE	MO 64801-8793  JEFFF  MO 63048-1506  BE DR  MO 63048-1506  MO 63020-5046  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845 No 18 No 00910
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDCHERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO	MO 64801-8793  JEFFF  MO 63048-1506  BE DR  MO 63048-1506  MO 63020-5046  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care	(636) 931-8400 RCF* <b>JEFFERSON</b> (636) 586-2291 RCF* <b>JEFFERSON</b> (636) 586-2291 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845 No 18 No 00910
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON (636) 586-2291 SNF JEFFERSON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 81 Yes 15845  No 18 No 00910  No 61 No
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO  BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BENCHMARK HEALTHCARE OF	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON (636) 586-2291 SNF JEFFERSON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845  No 18 No 00910  No 61 No 00910
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BENCHMARK HEALTHCARE OF 12827 HIGHWAY TT	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  FESTUS	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON (636) 586-2291 SNF JEFFERSON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845  No 18 No 00910  No 61 No 00910  Yes
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BENCHMARK HEALTHCARE OF 12827 HIGHWAY TT FESTUS	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON (636) 586-2291 SNF JEFFERSON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845 No 18 No 00910  No 61 No 00910  Yes 81
AUTUMN RIDGE 300 AUTUMN RIDGE DRIVE HERCULANEUM Mailing Address 300 AUTUMN RIDGE HERCULANEUM BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BAISCH NURSING CENTER 3260 BAISCH DRIVE DE SOTO Mailing Address 3260 BAISCH DR DE SOTO Mailing Address 3260 BAISCH DR DE SOTO BENCHMARK HEALTHCARE OF 12827 HIGHWAY TT	MO 64801-8793  JEFFF  MO 63048-1506  GE DR  MO 63020-5046  MO 63020-5046  MO 63020-5046  MO 63020-5046  FESTUS	Region 1  CRSON  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	(636) 931-8400 RCF* JEFFERSON (636) 586-2291 RCF* JEFFERSON (636) 586-2291 SNF JEFFERSON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 81 Yes 15845  No 18 No 00910  No 61 No 00910  Yes

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BIG RIVER NURSING & REHABIL	ITATION CENTER				
6400 THE CEDARS COURT		Telephone	(636) 274-1777	Alzheimer's Unit	Yes
CEDAR HILL	MO 63016-2220	Level of Care		Bed Capacity	150
Mailing Address 6400 THE CEDARS		County	JEFFERSON	DMH Licensed	No
CEDAR HILL	MO 63016-2220	Region 7	Medicare/Medicaid	Facility Number	12647
COLONIAL HOUSE OF CRYSTAL	CITY				
26 MISSISSIPPI AVENUE		Telephone	(636) 937-1000	Alzheimer's Unit	No
CRYSTAL CITY	MO 63019-1817	Level of Care	RCF	<b>Bed Capacity</b>	52
Mailing Address PO BOX 461		County	<b>JEFFERSON</b>	DMH Licensed	Yes
CRYSTAL CITY	MO 63019-1817	Region 7		Facility Number	22112
COLONIAL HOUSE OF FESTUS I					
COLONIAL HOUSE OF FESTUS I 500 SUNSHINE DRIVE		Telephone	(636) 937-7140	Alzheimer's Unit	No
FESTUS	MO 63028-1645	Level of Care	` '	Bed Capacity	30
Mailing Address 500 SUNSHINE DR	110 03020 1043	County	JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1645	Region 7	ULTILAGOIN	Facility Number	00726
120100	115 05020 10 15	region .		I desired I variable	00720
COLONIAL HOUSE OF FESTUS II					
129 GRAY ST		Telephone	(636) 937-4050	Alzheimer's Unit	No
FESTUS	MO 63028-1950	Level of Care		Bed Capacity	23
Mailing Address 129 GRAY ST		County	JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-1950	Region 7		Facility Number	07322
CORI MANOR HEALTHCARE & R	EHABILITATION CENTER				
560 CORISANDE HILLS ROAD		Telephone	(636) 343-2282	Alzheimer's Unit	No
FENTON	MO 63026-5613	Level of Care	RCF*	Bed Capacity	12
Mailing Address 560 CORISANDE HI	LL RD	County	<b>JEFFERSON</b>	DMH Licensed	Yes
FENTON	MO 63026-5613	Region 7		<b>Facility Number</b>	01800
CODI MANOD HEAT THEA DE 8 D					
CORI MANOR HEALTHCARE & R	EHABILITATION CENTER	TD 1 . 1	(626) 242 2222	A1 1	NT.
560 CORISANDE HILLS ROAD	MO (2026 5612	Telephone	(636) 343-2282	Alzheimer's Unit	No
FENTON  Moiling Address 560 CORIS ANDE HI	MO 63026-5613	Level of Care County	SNF <b>JEFFERSON</b>	Bed Capacity DMH Licensed	134 No
Mailing Address 560 CORISANDE HI FENTON	MO 63026-5613	Region 7	Medicare/Medicaid	Facility Number	01800
TENTON	110 03020 3013	region /	wieurcai e/wieurcaiu	racinty runner	01000
CRYSTAL OAKS					
1500 CALVARY CHURCH ROAD		Telephone	(636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care	SNF	Bed Capacity	131
Mailing Address PO BOX 680		County	JEFFERSON	DMH Licensed	No
CRYSTAL CITY	MO 63019-0680	Region 7	Medicare/Medicaid	Facility Number	99932
CRYSTAL OAKS					
1500 CALVARY CHURCH ROAD		Telephone	(636) 933-1818	Alzheimer's Unit	Yes
FESTUS	MO 63028-4125	Level of Care	` '	Bed Capacity	60
Mailing Address PO BOX 680		County	JEFFERSON	DMH Licensed	No
CRYSTAL CITY	MO 63019-0680	Region 7		Facility Number	99932
				·	
FESTUS MANOR					
627 WESTWOOD DR S	1.0	Telephone	(636) 931-9066	Alzheimer's Unit	No
FESTUS COT WESTWOOD D	MO 63028-2062	Level of Care		Bed Capacity	150
Mailing Address 627 WESTWOOD DI		County	JEFFERSON	DMH Licensed	No
FESTUS	MO 63028-2062	Region 7	Medicare/Medicaid	Facility Number	02546
FESTUS REST HOME					
705 MOORE STREET		Telephone	(636) 937-7125	Alzheimer's Unit	No
FESTUS	MO 63028-1339	Level of Care	RCF	<b>Bed Capacity</b>	20
Mailing Address PO BOX 51		County	<b>JEFFERSON</b>	DMH Licensed	Yes
FESTUS	MO 63028-0051	Region 7		Facility Number	02555

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FOUNTAINBLEAU NURSING CEN	TER				
1349 HIGHWAY 61		Telephone	(636) 937-3500	Alzheimer's Unit	No
FESTUS	MO 63028-4107	Level of Care	SNF	<b>Bed Capacity</b>	106
Mailing Address PO BOX 700		County	<b>JEFFERSON</b>	DMH Licensed	No
FESTUS	MO 63028-0700	Region 7	Medicare/Medicaid	Facility Number	17080
HILLCREST CARE CENTER, INC					
1108 CLARKE ST		Telephone	(636) 586-3022	Alzheimer's Unit	No
DE SOTO	MO 63020-2706	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 1108 CLARKE ST		County	<b>JEFFERSON</b>	DMH Licensed	No
DE SOTO	MO 63020-2706	Region 7	Medicare/Medicaid	Facility Number	20084
KEATON CENTER					
120 N MILL ST		Telephone	(636) 232-2323	Alzheimer's Unit	No
FESTUS	MO 63028-1816	Level of Care	ALF	<b>Bed Capacity</b>	24
Mailing Address 120 N MILL ST		County	<b>JEFFERSON</b>	DMH Licensed	Yes
FESTUS	MO 63028-1816	Region 7		Facility Number	20413
MAGNOLIA HOME, THE					
204 GRAND AVENUE		Telephone	(636) 933-0662	Alzheimer's Unit	No
FESTUS	MO 63028-1842	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 204 GRAND AVE		County	<b>JEFFERSON</b>	DMH Licensed	Yes
FESTUS	MO 63028-1842	Region 7		Facility Number	13697
MY PLACE RESIDENTIAL CARE					
23 NORTH SIXTH STREET		Telephone	(636) 933-1793	Alzheimer's Unit	No
FESTUS	MO 63028-1301	Level of Care	ALF	Bed Capacity	44
Mailing Address 23 N SIXTH ST		County	<b>JEFFERSON</b>	DMH Licensed	Yes
FESTUS	MO 63028-1301	Region 7		Facility Number	10631
MY PLACE TOO					
1107 CLARKE ST		Telephone	(636) 586-7871	Alzheimer's Unit	No
DE SOTO	MO 63020-2709	Level of Care	RCF*	Bed Capacity	47
Mailing Address 1107 CLARKE ST	33020 2705	County	JEFFERSON	DMH Licensed	Yes
DE SOTO	MO 63020-2709	Region 7	<b>UZI I ZII</b> BOT,	Facility Number	16234
SCENIC NURSING AND REHABILE	ITATION CENTER, LLC				
1333 SCENIC DRIVE	TITITON CENTER, EEC	Telephone	(636) 931-2995	Alzheimer's Unit	Yes
HERCULANEUM	MO 63048-1550	Level of Care	` '	Bed Capacity	189
Mailing Address 1333 SCENIC DR	1410 03010 1330	County	JEFFERSON	DMH Licensed	No
HERCULANEUM	MO 63048-1550	Region 7	Medicare/Medicaid	Facility Number	09605
SOUTH COUNTY NURSING HOME	F INC				
1101 WEST OUTER 21 ROAD	2,110	Telephone	(636) 296-5455	Alzheimer's Unit	No
ARNOLD	MO 63010-4644	Level of Care		Bed Capacity	153
Mailing Address 1101 WEST OUTER		County	JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-4644	Region 7	Medicare/Medicaid	Facility Number	03650
SUNNYHILL RESIDENTIAL CARE	EFACILITY				
134 GRAY STREET		Telephone	(636) 931-4701	Alzheimer's Unit	No
FESTUS	MO 63028-1949	Level of Care		Bed Capacity	20
Mailing Address PO BOX 356	•	County	JEFFERSON	DMH Licensed	Yes
FESTUS	MO 63028-0356	Region 7		Facility Number	07725
TWIN CITY RESIDENTIAL CARE					
#1 HOLDING LANE		Telephone	(636) 937-3851	Alzheimer's Unit	No
CRYSTAL CITY	MO 63019-1122	Level of Care	RCF	Bed Capacity	48
Mailing Address PO BOX 92		County	JEFFERSON	DMH Licensed	Yes
HERCULANEUM	MO 63048-0092	Region 7		Facility Number	03763
		9 -		-	

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VILLAS-A STONEBRIDGE COMMU	UNITY, THE				
1550 VILLAS DRIVE		Telephone	(636) 586-6559	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Level of Care	SNF	Bed Capacity	51
Mailing Address 1550 VILLAS DR		County	JEFFERSON	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 7	Medicare/Medicaid	Facility Number	13501
VILLAS-A STONEBRIDGE COMMU	UNITY, THE				
1550 VILLAS DRIVE	,	Telephone	(636) 586-6559	Alzheimer's Unit	No
DE SOTO	MO 63020-2586	Level of Care	RCF*	<b>Bed Capacity</b>	80
Mailing Address 1550 VILLAS DR		County	<b>JEFFERSON</b>	DMH Licensed	No
DE SOTO	MO 63020-2586	Region 7		Facility Number	13501
WOODLAND MANOR NURSING CI	FNTFD				
100 WOODLAND COURT	ENIER	Telephone	(636) 296-1400	Alzheimer's Unit	No
ARNOLD	MO 63010-2030	Level of Care	` '	Bed Capacity	178
Mailing Address 100 WOODLAND CT		County	JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-2030	Region 7	Medicare/Medicaid	Facility Number	12549
7HQ QED	110 03010 2030	Region ,	Wiedicai C/Wiedicaid	ruemey rumber	12547
WOODLAND MANOR OF ARNOLD	O, LLC				
100 WOODLAND COURT		Telephone	(636) 296-1400	Alzheimer's Unit	NO
ARNOLD	MO 63010-2030	Level of Care	ALF**	Bed Capacity	24
Mailing Address 100 WOODLAND CO		County	JEFFERSON	DMH Licensed	No
ARNOLD	MO 63010-2030	Region 7		Facility Number	12549
	JOHN	SON			
PRICES MANOR OF WOLDEN					
BRISTOL MANOR OF HOLDEN		T 1	(916) 722 (790	A1 1	NT-
501 WEST SECOND	MO (4040 1205	Telephone	(816) 732-6789	Alzheimer's Unit	No
HOLDEN  Mailing Address 501 WEST SECOND	MO 64040-1205	Level of Care	RCF <b>JOHNSON</b>	Bed Capacity  DMH Licensed	12 No
Mailing Address 501 WEST SECOND HOLDEN	MO 64040-1205	County Region 3	JUHNSUN	Facility Number	17951
HOLDEN	1410 04040-1203	Region 3		Facility Number	17931
BRISTOL MANOR OF WARRENSB	URG				
603 CREACH		Telephone	(660) 747-8319	Alzheimer's Unit	No
WARRENSBURG	MO 64093-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 CREACH		County	JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-1994	Region 3		Facility Number	16599
COUNTRY CLUB CARE CENTER (	OF WARRENSBURG				
503 REGENT DRIVE		Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	` '	Bed Capacity	73
Mailing Address 503 REGENT DR		County	JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	Region 3	Medicare/Medicaid	Facility Number	20892
COUNTRY CLUB CARE CENTER O	OF WARRENSBURG		(550) 100 1111		
503 REGENT DRIVE	MO (4002 2221	Telephone	(660) 429-4444	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3231	Level of Care	RCF*	Bed Capacity	40 N
Mailing Address 503 REGENT DR	MO (4002 2221	County	JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-3231	Region 3		Facility Number	20892
HARMONY GARDENS - ASSISTED	LIVING BY AMERICARE				
503 BURKARTH ROAD		Telephone	(660) 747-5411	Alzheimer's Unit	No
WARRENSBURG	MO 64093-3145	Level of Care	ALF**	<b>Bed Capacity</b>	62
Mailing Address 503 BURKARTH RD	•	County	JOHNSON	DMH Licensed	No
WARRENSBURG	MO 64093-3145	Region 3		Facility Number	18615

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HOLDEN MANOR CARE CENTER				
2005 SOUTH LEXINGTON	Telep	hone (816) 732-413	38 Alzheimer's Unit	No
HOLDEN MO 6	54040-1610 <b>Level</b>	of Care SNF	Bed Capacity	52
Mailing Address 2005 S LEXINGTON	Count	y JOHNSON	DMH Licensed	No
HOLDEN MO 6	64040-1610 <b>Regio</b>	n 3 Medicare/Medi	caid Facility Number	08334
JOHNSON COUNTY CARE CENTER				
122 EAST MARKET ST	Telepl	` ′	)1 Alzheimer's Unit	No
WARRENSBURG MO 6	54093-1818 <b>Level</b>	of Care ICF	Bed Capacity	87
Mailing Address 122 EAST MARKET ST	Count	y JOHNSON	DMH Licensed	No
WARRENSBURG MO 6	64093-1818 <b>Regio</b>	n 3 Medicaid	Facility Number	05309
MOODELITEIN DEGIDENTELL				
MOOREVIEW RESIDENTIAL	m 1	(660) 420 150		N
130 WEST CULTON	Telep	` ′		No
		of Care RCF	Bed Capacity	20
Mailing Address 130 WEST CULTON	Count	•	DMH Licensed	Yes
WARRENSBURG MO 6	54093-1720 <b>Regio</b>	n 3	Facility Number	11225
RIDGE CREST NURSING CENTER				
706 SOUTH MITCHELL	Telepl	hone (660) 429-217	77 Alzheimer's Unit	Yes
	•	of Care SNF	Bed Capacity	120
			DMH Licensed	
Mailing Address 706 SOUTH MITCHELL	Count	•		No
WARRENSBURG MO 6	64093-2828 <b>Regio</b>	n <sup>3</sup> Medicare/Medi	caid Facility Number	06640
WARRENSBURG MANOR CARE CENTER				
400 CARE CENTER DRIVE	Telepl	hone (660) 747-221	6 Alzheimer's Unit	Yes
		of Care SNF	Bed Capacity	92
Mailing Address 400 CARE CENTER DR	Count		DMH Licensed	No
		v JUHNSUN		
_		•		
_	44093-3100 <b>Regio</b>	•		08383
_		•		
WARRENSBURG MO 6	44093-3100 <b>Regio</b>	•		
WARRENSBURG MO 6.  BLESSING CENTER, THE	KNOX	3 Medicare/Medi	caid Facility Number	08383
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN	KNOX Telepl	Medicare/Medi	caid Facility Number  Alzheimer's Unit	08383 No
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6	KNOX  Teleph (33537-1353)  Regio	Medicare/Medi hone (660) 397-229 of Care RCF*	Pacility Number  Alzheimer's Unit Bed Capacity	08383 No 51
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN	KNOX  Telepi 33537-1353 Level Count	mone (660) 397-229 of Care RCF* y KNOX	Pacility Number  Pacility Number  Pacility Number  Pacility Number  Pacility Number  Pacility Number	08383 No 51 Yes
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN	KNOX  Teleph (33537-1353)  Regio	mone (660) 397-229 of Care RCF* y KNOX	Pacility Number  Alzheimer's Unit Bed Capacity	08383 No 51
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6	KNOX  Teleph 63537-1353	mone (660) 397-229 of Care RCF* y KNOX	Pacility Number  Pacility Number  Pacility Number  Pacility Number  Pacility Number  Pacility Number	08383 No 51 Yes
WARRENSBURG MO 6  BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT	Regio  KNOX  Telepi  33537-1353	mone (660) 397-229 of Care RCF* y KNOX	Pacility Number  Pacility Number  Pacility Number  Pacility Number	08383 No 51 Yes 03728
WARRENSBURG MO 6  BLESSING CENTER, THE  300 NORTH MAIN  EDINA MO 6  Mailing Address 300 NORTH MAIN  EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT  55774 STATE HIGHWAY 6	## Regio  ## KNOX    Teleplant	Medicare/Medi hone (660) 397-229 of Care RCF* KNOX n 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	No 51 Yes 03728
WARRENSBURG MO 6  BLESSING CENTER, THE  300 NORTH MAIN  EDINA MO 6  Mailing Address 300 NORTH MAIN  EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT  55774 STATE HIGHWAY 6  EDINA MO 6	Telepi 53537-1353 Regio CT Telepi 53537-4253 Level	hone (660) 397-229 of Care RCF* y KNOX n 5	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 51 Yes 03728
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRIC 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6	Teleph (3537-1353 Level (3537-1353 Regio CT Teleph (3537-4253 Level (Count	hone (660) 397-229 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 though KNOX	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 51 Yes 03728
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRIC 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6	Telepi 53537-1353 Regio CT Telepi 53537-4253 Level	hone (660) 397-229 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 though KNOX	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 51 Yes 03728
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRIC 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6	Teleph (3537-1353 Level (3537-1353 Regio CT Teleph (3537-4253 Level (Count	hone (660) 397-229 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 though KNOX	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 51 Yes 03728
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRIC 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6	Regional R	hone (660) 397-229 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 though KNOX	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 51 Yes 03728
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRIC 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6 COUNTRYSIDE HOME, LLC	Region   KNOX   Teleph	hone (660) 397-229 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 y KNOX n 5 Medicare/Medi	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 51 Yes 03728  No 60 No 04173
BLESSING CENTER, THE 300 NORTH MAIN EDINA MO 6 Mailing Address 300 NORTH MAIN EDINA MO 6 KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6 Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6 COUNTRYSIDE HOME, LLC 24499 PARK DRIVE	Region   KNOX   Teleph	hone (660) 397-228 of Care RCF* y KNOX n 5 hone (660) 397-228 thone (660) 397-228 Medicare/Me	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 51 Yes 03728 No 60 No 04173
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6	Region   KNOX   Teleph	mone (660) 397-228 of Care RCF* y KNOX n 5  hone (660) 397-228 of Care SNF y KNOX m 5 Medicare/Medi hone (417) 532-741	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed caid Facility Number	No 51 Yes 03728 No 60 No 04173
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR	Region   KNOX   Teleph	mone (660) 397-228 of Care RCF* y KNOX n 5  hone (660) 397-228 of Care SNF y KNOX m 5 Medicare/Medi hone (417) 532-741	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed caid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Capacity Number	No 51 Yes 03728 No 60 No 04173
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR	Region   KNOX   Teleph	mone (660) 397-228 of Care RCF* y KNOX n 5  mone (660) 397-228 of Care SNF y KNOX n 5 Medicare/Medi mone (417) 532-741 of Care RCF y LACLEDE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed caid Facility Number	No 51 Yes 03728 No 60 No 04173
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR LEBANON MO 6	Regional	mone (660) 397-228 of Care RCF* y KNOX n 5  mone (660) 397-228 of Care SNF y KNOX n 5 Medicare/Medi mone (417) 532-741 of Care RCF y LACLEDE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed caid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Capacity Number	No 51 Yes 03728 No 60 No 04173 No 20 Yes
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR LEBANON MO 6  DOVE SENIOR CITIZEN HOME	Region   KNOX   Teleph   Gastra   Gastra   Teleph   Gastra   Gas	mone (660) 397-228 of Care RCF* y KNOX n 5  mone (660) 397-228 of Care SNF y KNOX n 5 Medicare/Medi  mone (417) 532-741 of Care RCF y LACLEDE n 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed caid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 51 Yes 03728  No 60 No 04173  No 20 Yes 15052
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR LEBANON MO 6  DOVE SENIOR CITIZEN HOME 31841 NORTH HIGHWAY 5	KNOX   Telepi	hone (660) 397-228  of Care RCF*  KNOX  n 5  hone (660) 397-228  of Care SNF  KNOX  n 5  Medicare/Medi  hone (417) 532-741  of Care RCF  y LACLEDE  n 1	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Caid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Alzheimer's Unit	No 51 Yes 03728  No 60 No 04173  No 20 Yes 15052
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6  Mailing Address 300 NORTH MAIN EDINA MO 6  KNOX COUNTY NURSING HOME DISTRICT 55774 STATE HIGHWAY 6 EDINA MO 6  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6  Mailing Address 24499 PARK DR LEBANON MO 6  DOVE SENIOR CITIZEN HOME 31841 NORTH HIGHWAY 5 LEBANON MO 6	Region   KNOX   Teleph	hone (660) 397-228 of Care RCF* y KNOX n 5 hone (660) 397-228 from (660) 397-228 from SNF y KNOX n 5 Medicare/Medi hone (417) 532-741 from Care RCF y LACLEDE n 1 hone (417) 426-541	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 51 Yes 03728  No 60 No 04173  No 20 Yes 15052
BLESSING CENTER, THE  300 NORTH MAIN EDINA MO 6.  Mailing Address 300 NORTH MAIN EDINA MO 6.  KNOX COUNTY NURSING HOME DISTRICE 55774 STATE HIGHWAY 6 EDINA MO 6.  Mailing Address 55774 STATE HIGHWAY 6 EDINA MO 6.  COUNTRYSIDE HOME, LLC 24499 PARK DRIVE LEBANON MO 6.  Mailing Address 24499 PARK DR LEBANON MO 6.  DOVE SENIOR CITIZEN HOME 31841 NORTH HIGHWAY 5 LEBANON MO 6.  Mailing Address 31841 NORTH HIGHWAY 5	KNOX   Telepi	hone (660) 397-228 of Care RCF* y KNOX n 5 hone (660) 397-228 for Care SNF y KNOX n 5 Medicare/Medi hone (417) 532-741 of Care RCF y LACLEDE n 1 hone (417) 426-541 hone (417) 426-541	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Caid Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Alzheimer's Unit	No 51 Yes 03728  No 60 No 04173  No 20 Yes 15052

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<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

ESSEX OF LEBANON, THE 1316 DEADRA DRIVE		Telephone	(417) 532-4863	Alzheimer's Unit	No
LEBANON	MO 65536-4609	Level of Care	RCF	Bed Capacity	12
Mailing Address 1316 DEADRA DR	1410 03330-4007	County	LACLEDE	DMH Licensed	Yes
LEBANON	MO 65536-4609	Region 1	ENCEDE	Facility Number	24257
		region -			2.207
GASLIGHT MANOR					
25466 NORTH HWY 5		Telephone	(417) 532-3045	Alzheimer's Unit	No
LEBANON	MO 65536-	Level of Care	ALF	Bed Capacity	80
Mailing Address PO BOX 969	<b>1.5</b> 0 - <b>5.50</b> - 50 - 50	County	LACLEDE	DMH Licensed	Yes
LEBANON	MO 65536-0969	Region 1		Facility Number	08791
LEBANON NORTH NURSING & RE	ЕНАВ				
596 MORTON ROAD		Telephone	(417) 532-9173	Alzheimer's Unit	Yes
LEBANON	MO 65536-3648	Level of Care	SNF	<b>Bed Capacity</b>	180
Mailing Address 596 MORTON RD		County	LACLEDE	DMH Licensed	No
LEBANON	MO 65536-3648	Region 1	Medicare/Medicaid	Facility Number	04369
LEDANION CONTENT NUIDCING & DE	CILAR				
LEBANON SOUTH NURSING & RE	ЕНАВ	Talambana	(417) 522 5251	A 1-1	No
514 WEST FREMONT ROAD LEBANON	MO 65536-4244	Telephone Level of Care	(417) 532-5351 RCF*	Alzheimer's Unit Bed Capacity	No 2
Mailing Address 514 WEST FREMON		County	LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1	LACLEDE	Facility Number	15650
BBB11.(G1)	110 00000 1211	Region 1		Tuellity Tulliber	13030
LEBANON SOUTH NURSING & RE	ЕНАВ				
514 WEST FREMONT ROAD		Telephone	(417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care	SNF	Bed Capacity	116
Mailing Address 514 WEST FREMON		County	LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1	Medicare/Medicaid	Facility Number	15650
LEBANON SOUTH NURSING & RE	ЕНАВ				
514 WEST FREMONT RD		Telephone	(417) 532-5351	Alzheimer's Unit	No
LEBANON	MO 65536-4244	Level of Care	RCF	Bed Capacity	68
Mailing Address 514 WEST FREMON	NT RD	County	LACLEDE	DMH Licensed	No
LEBANON	MO 65536-4244	Region 1		Facility Number	15650
NORTHRIDGE PLACE - ASSISTED	D LIVING BY AMERICARE	m 1 1	(417) 522 0702		
1500 LYNN ST LEBANON	MO 65526 4400	Telephone Level of Care	(417) 532-9793 ALF**	Alzheimer's Unit	No 50
Mailing Address 1500 LYNN ST	MO 65536-4409	County	LACLEDE	Bed Capacity DMH Licensed	No
LEBANON	MO 65536-4409	Region 1	LACLEDE	Facility Number	20525
LEBANON	WIO 03330-4407	Kegion 1		racinty Number	20323
	LAFA	YETTE			
APPLE RIDGE CARE CENTER					
100 WEST THOMAS AVENUE		Telephone	(660) 493-2232	Alzheimer's Unit	Yes
WAVERLY	MO 64096-9143	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 188	-	County	LAFAYETTE	DMH Licensed	No
WAVERLY	MO 64096-0188	•	Medicare/Medicaid	Facility Number	08823
		~		-	
BRISTOL MANOR OF LEXINGTON	N				
2615 MAIN ST	MO (1057 1071	Telephone	(660) 259-6655	Alzheimer's Unit	No
LEXINGTON  Mail: All 2015 MARN ST	MO 64067-1974	Level of Care	RCF	Bed Capacity	12 N
Mailing Address 2615 MAIN ST	MO 64067 1074	County	LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-1974	Region 3		Facility Number	17543

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BRISTOL MANOR OF ODESSA					
115 SOUTH 5TH ST		Telephone	(816) 633-8692	Alzheimer's Unit	No
ODESSA	MO 64076-1330	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 115 S 5TH ST		County	LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1330	Region 3		Facility Number	16547
ESSEX OF CONCORDIA, THE					
402 REDBUD		Telephone	(660) 463-0200	Alzheimer's Unit	No
CONCORDIA	MO 64020-8358	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 402 REDBUD		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-8358	Region 3		Facility Number	24461
GOLDEN LIVINGCENTER - NEW H	HAVEN				
609 GOLF STREET		Telephone	(816) 230-7348	Alzheimer's Unit	No
ODESSA	MO 64076-1462	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 609 GOLF STREET		County	LAFAYETTE	DMH Licensed	No
ODESSA	MO 64076-1462	Region 3	Medicare/Medicaid	Facility Number	05749
LUTHERAN GOOD SHEPHERD HO	OME				
202 S WEST STREET		Telephone	(660) 463-2267	Alzheimer's Unit	No
CONCORDIA	MO 64020-9643	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address PO BOX 849		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3		Facility Number	27122
LUTHERAN GOOD SHEPHERD HO	OME				
202 S WEST STREET		Telephone	(660) 463-2267	Alzheimer's Unit	No
CONCORDIA	MO 64020-9643	Level of Care	RCF	<b>Bed Capacity</b>	33
Mailing Address PO BOX 849		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3		Facility Number	27122
LUTHERAN GOOD SHEPHERD HO	OME				
202 S WEST STREET		Telephone	(660) 463-2267	Alzheimer's Unit	No
CONCORDIA	MO 64020-9643	Level of Care	ICF	<b>Bed Capacity</b>	39
Mailing Address PO BOX 849		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3		Facility Number	27122
LUTHERAN NURSING HOME					
202 S WEST ST		Telephone	(660) 463-2267	Alzheimer's Unit	Yes
CONCORDIA	MO 64020-9643	Level of Care	SNF	<b>Bed Capacity</b>	113
Mailing Address PO BOX 849		County	LAFAYETTE	DMH Licensed	No
CONCORDIA	MO 64020-0849	Region 3	Medicare/Medicaid	Facility Number	04705
MEYER CARE CENTER					
1201 WEST 19TH STREET		Telephone	(660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care	ALF**	<b>Bed Capacity</b>	39
Mailing Address 1201 WEST 19TH ST	Γ	County	LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3		Facility Number	05326
MEYER CARE CENTER					
1201 WEST 19TH STREET		Telephone	(660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care	ICF	Bed Capacity	56
Mailing Address 1201 WEST 19TH ST	Γ	County	LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3		Facility Number	05326
MEYER CARE CENTER					
1201 WEST 19TH STREET		Telephone	(660) 584-4224	Alzheimer's Unit	No
HIGGINSVILLE	MO 64037-1458	Level of Care	SNF	Bed Capacity	40
Mailing Address 1201 WEST 19TH ST		County	LAFAYETTE	DMH Licensed	No
HIGGINSVILLE	MO 64037-1458	Region 3	Medicare/Medicaid	Facility Number	05326

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1221 HIGHWAY 13 SOUTH		Telephone	(660) 259-4695	Alzheimer's Unit	NO
LEXINGTON	MO 64067-7187	Level of Care	SNF	Bed Capacity	160
Mailing Address 1221 HIGHWAY 13		County	LAFAYETTE	DMH Licensed	No
LEXINGTON	MO 64067-7187	Region 3	Medicare/Medicaid	Facility Number	04333
	LA	WRENCE			
AURORA NURSING CENTER					
1700 SOUTH HUDSON AVENUE		Telephone	(417) 678-2165	Alzheimer's Unit	Yes
AURORA	MO 65605-2717	Level of Care	SNF	Bed Capacity	125
Mailing Address 1700 S HUDSON AV		County	LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1	Medicare/Medicaid	Facility Number	00234
BRISTOL MANOR OF AURORA		<i>m</i> ., ,	(417) (70 7525		N
740 SOUTH HUDSON	MO (5(05 0510	Telephone	(417) 678-7535	Alzheimer's Unit	No
AURORA	MO 65605-2512	Level of Care		Bed Capacity	12 N
Mailing Address 740 SOUTH HUDSO		County	LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2512	Region 1		Facility Number	20352
COMMUNITY OF AUTUMN COUR	T AT MT VERNON, THE		(447) 466 9749		
1421 S LANDRUM ST	MO (5712 1012	Telephone	(417) 466-3549	Alzheimer's Unit	No
MOUNT VERNON	MO 65712-1912	Level of Care	ALF**	Bed Capacity	34 N-
Mailing Address 1421 S LANDRUM		County	LAWRENCE	DMH Licensed	No
MOUNT VERNON	MO 65712-1912	Region 1		Facility Number	20809
HUDSON HOUSE			(445) 550 0450		
1700-B SOUTH HUDSON AVENUE	110 (5505 0515	Telephone	(417) 678-2169	Alzheimer's Unit	No
AURORA	MO 65605-2717	Level of Care	RCF*	Bed Capacity	41
Mailing Address 1700-B S HUDSON		County	LAWRENCE	DMH Licensed	No
AURORA	MO 65605-2717	Region 1		Facility Number	10444
LAWRENCE COUNTY MANOR		<i>T</i> . 1	(417) 466 2102	411	**
915 CARL ALLEN STREET	MO (5710 1610	Telephone	(417) 466-2183	Alzheimer's Unit	Yes
MT VERNON	MO 65712-1612	Level of Care		Bed Capacity	90 N-
Mailing Address 915 CARL ALLEN S		County	LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1	Medicare/Medicaid	Facility Number	04349
LAWRENCE COUNTY RESIDENT	IAL CARE CENTER				
915 CARL ALLEN STREET	MO (57740 4 540	Telephone	(417) 466-2183	Alzheimer's Unit	No
MT VERNON	MO 65712-1612	Level of Care	RCF*	Bed Capacity	30 N
Mailing Address 915 CARL ALLEN S		County	LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1612	Region 1		Facility Number	04349
MT VERNON PLACE CARE CENT	ER, INC				
1425 SOUTH LANDRUM	150 (550)	Telephone	(417) 466-2260	Alzheimer's Unit	No
MT VERNON	MO 65712-1912	Level of Care		Bed Capacity	60 N
Mailing Address 1425 S LANDRUM	MO (5712 1012	County	LAWRENCE	DMH Licensed	No
MT VERNON	MO 65712-1912	Region 1	Medicare/Medicaid	Facility Number	16304
OZARKS METHODIST MANOR, T	HE				
205 SOUTH COLLEGE		Telephone	(417) 258-2573	Alzheimer's Unit	Yes
MARIONVILLE	MO 65705-9340	Level of Care	SNF	Bed Capacity	78
Mailing Address PO BOX 403	110 (5505 0402	County	LAWRENCE	DMH Licensed	No
MARIONVILLE	MO 65705-0403	Region 1	Medicare/Medicaid	Facility Number	06273

RIVERBEND HEIGHTS HEALTH & REHABILITATION

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OZARKS METHODIST MANOR, T. 205 SOUTH COLLEGE MARIONVILLE Mailing Address PO BOX 403 MARIONVILLE	MO 65705-9340 MO 65705-0403	Telephone Level of Care County Region 1	(417) 258-2573 RCF <b>LAWRENCE</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 76 No 06273
	LE	WIS			
COUNTRY AIRE RETIREMENT ES 18540 STATE HIGHWAY 16 LEWISTOWN Mailing Address 18540 STATE HWY	MO 63452-2111	Telephone Level of Care County	LEWIS	Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No
LEWISTOWN	MO 63452-2111	Region 5	Medicare/Medicaid	Facility Number	16896
COUNTRY AIRE RETIREMENT ES 18540 STATE HIGHWAY 16 LEWISTOWN Mailing Address 18540 STATE HWY LEWISTOWN	MO 63452-2111	Telephone Level of Care County Region 5	(573) 215-2216 RCF* <b>LEWIS</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 16 No 16896
LA BELLE MANOR CARE CENTE 1002 CENTRAL LA BELLE Mailing Address 1002 CENTRAL LA BELLE	MO 63447-2092 MO 63447-2092	Telephone Level of Care County Region 5	(660) 213-3234 SNF LEWIS Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 94 No 04212
LEWIS COUNTY NURSING HOME 17528 STATE HIGHWAY 81 CANTON Mailing Address PO BOX 266 CANTON	MO 63435-3463 MO 63435-0266	Telephone Level of Care County Region 5	(573) 288-4454 SNF LEWIS Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 04790
	LING	COLN			
BRISTOL MANOR OF ELSBERRY 1402 RIVERVIEW DRIVE ELSBERRY Mailing Address 1402 RIVERVIEW DELSBERRY	MO 63343-1612 DR MO 63343-1612	Telephone Level of Care County Region 5	(573) 898-5955 RCF <b>LINCOLN</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 20015
ELDERHAUS INN 125 ANNA AVENUE, #18 TROY Mailing Address 125 ANNA AVE, #19 TROY	MO 63379-2402 8 MO 63379-2402	Telephone Level of Care County Region 5	(636) 462-6979 RCF LINCOLN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 16992
ELDERHAUS INN #19 125 ANNA AVENUE, #19 TROY Mailing Address 125 ANNA AVE, #19 TROY	MO 63379-2402 MO 63379-2402	Telephone Level of Care County Region 5	(636) 462-6979 RCF <b>LINCOLN</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 17 Yes 18973
ELSBERRY MISSOURI HEALTH O 1827 HIGHWAY B ELSBERRY Mailing Address 1827 HWY B ELSBERRY	MO 63343-3126  MO 63343-3126	Telephone Level of Care County Region 5	(573) 898-2880 SNF LINCOLN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 56 No 02336

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FOUR OF A CONG A CONGRETE A WINN	7				
FOUR SEASONS ASSISTED LIVING	<del>à</del>	Talankana	((2() 2(( 4221	A 1-1	NT-
230 RAILROAD STREET MOSCOW MILLS	MO 63362-1600	Telephone Level of Care	(636) 366-4231 ALF	Alzheimer's Unit Bed Capacity	No 30
Mailing Address 230 RAILROAD ST	WO 03302-1000	County	LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5	LINCOLN	Facility Number	02624
MOSCOW MILLS	W10 03302-1000	Region 5		racinty Number	02024
FOUR SEASONS RCF I					
220 RAILROAD STREET		Telephone	(636) 366-4231	Alzheimer's Unit	No
MOSCOW MILLS	MO 63362-1600	Level of Care	RCF	Bed Capacity	23
Mailing Address 230 RAILROAD ST		County	LINCOLN	DMH Licensed	Yes
MOSCOW MILLS	MO 63362-1600	Region 5		Facility Number	02624
LINCOLN COUNTY NURSING & R	EHAB				
1145 EAST CHERRY ST		Telephone	(636) 528-5712	Alzheimer's Unit	No
TROY	MO 63379-1520	Level of Care	SNF	Bed Capacity	90
Mailing Address PO BOX 130		County	LINCOLN	DMH Licensed	No
TROY	MO 63379-0130	Region 5	Medicare/Medicaid	Facility Number	15750
SILEX COMMUNITY CARE			(550) 204 5240		
111 DUNCAN MANSION ROAD	NO (2277 2220	Telephone	(573) 384-5218	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care	SNF	Bed Capacity	60 N
Mailing Address 111 DUNCAN MAN		County	LINCOLN	DMH Licensed	No
SILEX	MO 63377-2229	Region 5	Medicare/Medicaid	Facility Number	06838
SILEX RESIDENTIAL HOME, LLC					
145 DUNCAN MANSION ROAD		Telephone	(573) 384-5213	Alzheimer's Unit	No
SILEX	MO 63377-2229	Level of Care	RCF*	<b>Bed Capacity</b>	60
Mailing Address 145 DUNCAN MAN	SION RD	County	LINCOLN	DMH Licensed	Yes
SILEX	MO 63377-2229	Region 5		Facility Number	20982
SUGAR CREEK - ASSISTED LIVIN	C RV AMERICARE				
161 PROFESSIONAL PARKWAY	O DI MALMEME	Telephone	(636) 528-3136	Alzheimer's Unit	Yes
TROY	MO 63379-2829	Level of Care	ALF**	Bed Capacity	55
Mailing Address 161 PROFESSIONAI		County	LINCOLN	DMH Licensed	No
TROY	MO 63379-2829	Region 5		Facility Number	26349
SUNSHINE HOME CARE - WINFIE	LD				
499 WALNUT ST	1.0	Telephone	(636) 668-8500	Alzheimer's Unit	No
WINFIELD	MO 63389-1138	Level of Care		Bed Capacity	49
Mailing Address PO BOX 185	MO (2290 0195	County	LINCOLN	DMH Licensed	Yes
WINFIELD	MO 63389-0185	Region 5		Facility Number	25266
TROY HOUSE RESCARE					
350 CAP AU GRIS		Telephone	(636) 462-4915	Alzheimer's Unit	No
TROY	MO 63379-1761	Level of Care	RCF*	<b>Bed Capacity</b>	23
Mailing Address PO BOX 271		County	LINCOLN	DMH Licensed	No
TROY					
	MO 63379-0271	Region 5		Facility Number	08129
	MO 63379-0271	•		Facility Number	08129
TROY MANOR	MO 63379-0271	Region 5		·	
TROY MANOR 200 THOMPSON DRIVE		Region 5 Telephone	(636) 528-8446	Alzheimer's Unit	Yes
TROY MANOR 200 THOMPSON DRIVE TROY	MO 63379-2308	Region 5  Telephone Level of Care	(636) 528-8446 SNF	Alzheimer's Unit Bed Capacity	Yes 130
TROY MANOR 200 THOMPSON DRIVE TROY Mailing Address 200 THOMPSON DR	MO 63379-2308	Region 5  Telephone Level of Care County	(636) 528-8446 SNF <b>LINCOLN</b>	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 130 No
TROY MANOR 200 THOMPSON DRIVE TROY	MO 63379-2308	Region 5  Telephone Level of Care	(636) 528-8446 SNF	Alzheimer's Unit Bed Capacity	Yes 130
TROY MANOR 200 THOMPSON DRIVE TROY Mailing Address 200 THOMPSON DR TROY TROY MANOR	MO 63379-2308	Region 5  Telephone Level of Care County Region 5	(636) 528-8446 SNF LINCOLN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 130 No 05397
TROY MANOR 200 THOMPSON DRIVE TROY Mailing Address 200 THOMPSON DR TROY TROY MANOR 200 THOMPSON DRIVE	MO 63379-2308 MO 63379-2308	Region 5  Telephone Level of Care County Region 5  Telephone	(636) 528-8446 SNF LINCOLN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	Yes 130 No 05397
TROY MANOR 200 THOMPSON DRIVE TROY Mailing Address 200 THOMPSON DR TROY TROY MANOR 200 THOMPSON DRIVE TROY	MO 63379-2308 MO 63379-2308 MO 63379-2308	Region 5  Telephone Level of Care County Region 5  Telephone Level of Care	(636) 528-8446 SNF LINCOLN Medicare/Medicaid (636) 528-8446 ALF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	Yes 130 No 05397 No 20
TROY MANOR 200 THOMPSON DRIVE TROY Mailing Address 200 THOMPSON DR TROY TROY MANOR 200 THOMPSON DRIVE	MO 63379-2308 MO 63379-2308 MO 63379-2308	Region 5  Telephone Level of Care County Region 5  Telephone	(636) 528-8446 SNF LINCOLN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	Yes 130 No 05397

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WINFIELD RESIDENTIAL CARE F	FACILITY	m	(62.6) 660 0110		.,
220 WEST WALNUT STREET	MO 63389-1122	Telephone	(636) 668-8110 RCF	Alzheimer's Unit	No 20
WINFIELD  Molling Address 220 WEST WALNUT		Level of Care	LINCOLN	Bed Capacity  DMH Licensed	Yes
Mailing Address 220 WEST WALNUT WINFIELD	MO 63389-1122	County	LINCOLN	Facility Number	08729
WINTIELD	WO 03389-1122	Region 5		Facility Number	08729
		LINN			
BRISTOL MANOR OF BROOKFIEL	LD				
338 THOMPSON		Telephone	(660) 258-5065	Alzheimer's Unit	No
BROOKFIELD	MO 64628-2419	Level of Care	RCF	Bed Capacity	12
Mailing Address 338 THOMPSON		County	LINN	DMH Licensed	No
BROOKFIELD	MO 64628-2419	Region 5		Facility Number	18666
BRISTOL MANOR OF MARCELIN	<b>IE</b>				
102 EAST HAYDEN		Telephone	(660) 376-2210	Alzheimer's Unit	No
MARCELINE	MO 64658-2003	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 102 EAST HAYDEN		County	LINN	DMH Licensed	No
MARCELINE	MO 64658-2003	Region 5		Facility Number	17764
LIFE CARE CENTER OF BROOKF	FIELD				
315 HUNT ST		Telephone	(660) 258-3367	Alzheimer's Unit	Yes
BROOKFIELD	MO 64628-2412	Level of Care	SNF	Bed Capacity	120
Mailing Address 315 HUNT ST	1.50 (1.500 0.110	County	LINN	DMH Licensed	No
BROOKFIELD	MO 64628-2412	Region 5	Medicare/Medicaid	Facility Number	00822
MCLARNEY MANOR					
116 EAST PRATT		Telephone	(660) 258-7402	Alzheimer's Unit	No
BROOKFIELD	MO 64628-1337	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 129	100	County	LINN	DMH Licensed	No
BROOKFIELD	MO 64628-0129	Region 5	Medicare/Medicaid	Facility Number	05220
	L	IVINGSTON			
ASHBURY HEIGHTS OF CHILLIC	СОТНЕ				
603 ST LOUIS ST		Telephone	(660) 707-1270	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-2438	Level of Care	RCF	Bed Capacity	12
Mailing Address 603 ST LOUIS ST		County	LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-2438	Region 4		Facility Number	23909
BAPTIST HOME, CHILLICOTHE,	THE				
500 BAPTIST HOME LANE		Telephone	(660) 646-6219	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3973	Level of Care	ICF	Bed Capacity	34
Mailing Address 500 BAPTIST HOME		County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3973	Region 4		Facility Number	14084
BAPTIST HOME, CHILLICOTHE,	THE				
500 BAPTIST HOME LANE		Telephone	(660) 646-6219	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3973	Level of Care	ALF**	Bed Capacity	20
Mailing Address 500 BAPTIST HOME		County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3973	Region 4		Facility Number	14084
BARNABAS HOME, THE					
1301 MONROE STREET		Telephone	(660) 646-5180	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1345	Level of Care	RCF*	<b>Bed Capacity</b>	64
Mailing Address 1301 MONROE ST		County	LIVINGSTON	DMH Licensed	Yes
CHILLICOTHE	MO 64601-1345	Region 4		Facility Number	04632

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GRAND RIVER HEALTH CARE		m	(660) 646 0252		3.7
118 TRENTON ROAD	MO (4601 4002	Telephone	(660) 646-0353	Alzheimer's Unit	No
CHILLICOTHE Mailing Address 118 TRENTON RD	MO 64601-4002	Level of Care	SNF LIVINGSTON	Bed Capacity DMH Licensed	60 No
CHILLICOTHE	MO 64601-4002	County Region 4		Facility Number	16939
CHILLICOTHE	WO 04001-4002	Region 4	Medicare/Medicaid	racinty Number	10939
INDIAN HILLS - A STONEBRIDGE	COMMUNITY				
2601 FAIR STREET		Telephone	(660) 646-1230	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care	SNF	Bed Capacity	75
Mailing Address 2601 FAIR ST		County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4	Medicare/Medicaid	Facility Number	03833
INDIAN HILLS - A STONEBRIDGE	COMMUNITY				
2601 FAIR STREET		Telephone	(660) 646-1230	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-3525	Level of Care	RCF*	<b>Bed Capacity</b>	40
Mailing Address 2601 FAIR ST		County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-3525	Region 4		<b>Facility Number</b>	03833
LIVINGSTON MANOR CARE CENT	TER	T. 1 1	(((0)) (4( 5177	A1 1	V
939 E BIRCH DR CHILLICOTHE	MO 64601-2189	Telephone	(660) 646-5177 SNF	Alzheimer's Unit	Yes 94
Mailing Address 939 E BIRCH DR	MO 04001-2189	Level of Care County	LIVINGSTON	Bed Capacity DMH Licensed	No
CHILLICOTHE	MO 64601-2189	Region 4	Medicare/Medicaid	Facility Number	20099
CHILLICOTHL	1410 04001 210)	Region 4	Wiedical e/Wiedicald	racinty Number	20099
MORNINGSIDE CENTER					
1700 MORNINGSIDE DRIVE		Telephone	(660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care	SNF	Bed Capacity	60
Mailing Address 1700 MORNINGSID	DE DR	County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4	Medicare/Medicaid	Facility Number	05557
MORNINGSIDE CENTER ASSISTE	ED LIVING APARTMENTS				
1702 MORNINGSIDE DRIVE		Telephone	(660) 646-0170	Alzheimer's Unit	No
CHILLICOTHE	MO 64601-1545	Level of Care	ALF	Bed Capacity	31
Mailing Address 1702 MORNINGSID	DE DR	County	LIVINGSTON	DMH Licensed	No
CHILLICOTHE	MO 64601-1545	Region 4		Facility Number	05557
	MA	CON			
	MA	CON			
BRISTOL MANOR OF MACON					
707 RANCHLAND DRIVE		Telephone	(660) 385-3020	Alzheimer's Unit	No
MACON	MO 63552-1994	Level of Care	RCF	Bed Capacity	12
Mailing Address 707 RANCHLAND D	DR	County	MACON	DMH Licensed	No
MACON	MO 63552-1994	Region 5		Facility Number	17865
LA PLATA NURSING HOME					
100 OLD STAGECOACH ROAD		Telephone	(660) 332-4315	Alzheimer's Unit	No
LA PLATA	MO 63549-1362	Level of Care		Bed Capacity	52
Mailing Address 100 OLD STAGECO.		County	MACON	DMH Licensed	No
LA PLATA	MO 63549-1362	Region 5	Medicare/Medicaid	Facility Number	04395
		-			
LOCH HAVEN		m. 1 1	(660) 205 2112	A1 1	**
701 SUNSET HILLS DRIVE	MO (2552 2165	Telephone	(660) 385-3113	Alzheimer's Unit	Yes
MACON Mailing Address DO DOV 197	MO 63552-2165	Level of Care		Bed Capacity	180 No
Mailing Address PO BOX 187	MO 62552 0197	County	MACON	DMH Licensed	No
MACON	MO 63552-0187	Region 5	Medicare/Medicaid	Facility Number	04739

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LOCH HAVEN 701 SUNSET HILLS DRIVE MACON Mailing Address PO BOX 187 MACON	MO 63552-2165 MO 63552-0187	Telephone Level of Care County Region 5	(660) 385-3113 RCF* MACON	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 26 No 04739
MACON HEALTH CARE CENTER 29612 KELLOGG AVENUE MACON Mailing Address PO BOX 465 MACON	MO 63552-3702 MO 63552-0465	Telephone Level of Care County Region 5	(660) 385-5797 SNF MACON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 04914
	MADI	SON			
CLARU DEVILLE NURSING CENT 105 SPRUCE ST FREDERICKTOWN Mailing Address 105 SPRUCE ST FREDERICKTOWN	MO 63645-1002 MO 63645-1002	Telephone Level of Care County Region 2	(573) 783-3993 SNF MADISON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 90 No 17527
OZARK MANOR 1013 HIGHWAY Z FREDERICKTOWN Mailing Address 1013 HIGHWAY Z FREDERICKTOWN	MO 63645-8035 MO 63645-8035	Telephone Level of Care County Region 2	(573) 783-8338 ALF** <b>MADISON</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 55 No 22947
WAGNER RESIDENTIAL CARE 320 N CHAMBER DR FREDERICKTOWN Mailing Address 320 CHAMBER DR FREDERICKTOWN	MO 63645-7947 MO 63645-7947	Telephone Level of Care County Region 2	(573) 783-4511 RCF <b>MADISON</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 28451
	MAR	IES			
MARIES MANOR 174 BALLPARK ROAD VIENNA Mailing Address 174 BALLPARK RD VIENNA	MO 65582-8043 MO 65582-8043	Telephone Level of Care County Region 6	(573) 422-3177 SNF MARIES Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 98 No 10491
VICTORIAN PLACE OF VIENNA, I 112 PARKWAY DRIVE VIENNA Mailing Address 112 PARKWAY DRI VIENNA	MO 65582-8003 VE MO 65582-8003	Telephone Level of Care County Region 6	(573) 422-3230 RCF <b>MARIES</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 48 No 23333
	MAR	ION			
BETH HAVEN NURSING HOME 2500 PLEASANT ST HANNIBAL Mailing Address 2500 PLEASANT ST HANNIBAL	MO 63401-2600 MO 63401-2600	Telephone Level of Care County Region 5	(573) 221-6000 SNF MARION Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 105 No 00469
BRISTOL MANOR OF PALMYRA 1815 SOUTH MAIN PALMYRA Mailing Address 1815 S MAIN PALMYRA	MO 63461-1961 MO 63461-1961	Telephone Level of Care County Region 5	(573) 769-2127 RCF <b>MARION</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 12 No 20260

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H R T LODGE, INC					
3700 PALMYRA ROAD		Telephone	(573) 221-4241	Alzheimer's Unit	No
HANNIBAL	MO 63401-2216	Level of Care	RCF	Bed Capacity	24
Mailing Address 3700 PALMYRA RI		County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-2216	Region 5		Facility Number	03843
HAROLD AND LOUISE ASSISTED	LIVING				
135 COMMUNICATION DRIVE		Telephone	(573) 221-1189	Alzheimer's Unit	No
HANNIBAL	MO 63401-3670	Level of Care	ALF**	Bed Capacity	43
Mailing Address 135 COMMUNICAT	ΓΙΟΝ DRIVE	County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-3670	Region 5		Facility Number	29639
HILLSIDE CARE CENTER					
321 NORTH SECTION		Telephone	(573) 221-1439	Alzheimer's Unit	No
HANNIBAL	MO 63401-3460	Level of Care	RCF*	Bed Capacity	40
Mailing Address PO BOX 308		County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-0308	Region 5		Facility Number	14879
LEVERING REGIONAL HEALTH	CARE CENTER				
1734 MARKET ST		Telephone	(573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	Level of Care	SNF	Bed Capacity	179
Mailing Address 1734 MARKET STR	REET	County	MARION	DMH Licensed	No
HANNIBAL	MO 63401-0548	Region 5	Medicare/Medicaid	Facility Number	15954
LEVERING REGIONAL HEALTH	CARE CENTER				
1734 MARKET ST		Telephone	(573) 221-2930	Alzheimer's Unit	No
HANNIBAL	MO 63401-4025	Level of Care	RCF*	Bed Capacity	35
Mailing Address 1734 MARKET STR	REET	County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-0548	Region 5		Facility Number	15954
LUTHER MANOR RETIREMENT	& NURSING CENTER				
3170 HIGHWAY 61 NORTH		Telephone	(573) 221-5533	Alzheimer's Unit	No
HANNIBAL	MO 63401-6571	Level of Care	SNF	<b>Bed Capacity</b>	64
Mailing Address 3170 HWY 61 NOR	TH	County	MARION	DMH Licensed	No
HANNIBAL	MO 63401-6571	Region 5	Medicare/Medicaid	Facility Number	04673
MAPLE LAWN NURSING HOME					
1410 WEST LINE STREET		Telephone	(573) 769-2213	Alzheimer's Unit	Yes
PALMYRA	MO 63461-1831	Level of Care	SNF	Bed Capacity	140
Mailing Address PO BOX 232		County	MARION	DMH Licensed	No
PALMYRA	MO 63461-0232	Region 5	Medicare/Medicaid	Facility Number	09961
MONROE CITY MANOR CARE CH	ENTER				
1010 HIGHWAY 24 & 36 EAST		Telephone	(573) 735-4850	Alzheimer's Unit	Yes
MONROE CITY	MO 63456-1116	Level of Care	SNF	Bed Capacity	60
Mailing Address 1010 HWY 24 & 36	EAST	County	MARION	DMH Licensed	No
MONROE CITY	MO 63456-1116	Region 5	Medicare/Medicaid	Facility Number	05473
OMEGA HOUSE I, LLC					
500 NORTH STREET		Telephone	(573) 221-9103	Alzheimer's Unit	No
HANNIBAL	MO 63401-3333	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address PO BOX 387		County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-0387	Region 5		Facility Number	11118
OMEGA HOUSE II, LLC					
510 NORTH ST		Telephone	(573) 221-3898	Alzheimer's Unit	No
HANNIBAL	MO 63401-3333	Level of Care	RCF	Bed Capacity	10
Mailing Address PO BOX 387		County	MARION	DMH Licensed	Yes
HANNIBAL	MO 63401-0387	Region 5		Facility Number	15400

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PLEASANT VIEW		m 1 1	(572) 407 1000		
641 EUCLID AVENUE	MO (2401-2050	Telephone	(573) 406-1090	Alzheimer's Unit	No
HANNIBAL	MO 63401-2959	Level of Care	ALF**	Bed Capacity	41
Mailing Address 641 EUCLID AVE	MO (2401 2050	County	MARION	DMH Licensed	No
HANNIBAL	MO 63401-2959	Region 5		Facility Number	25358
WILLOW CARE REHABILITATION	N & HEALTH CARE CENTER				
328 MUNGER LANE		Telephone	(573) 221-9122	Alzheimer's Unit	No
HANNIBAL	MO 63401-2361	Level of Care	SNF	Bed Capacity	111
Mailing Address 328 MUNGER LN		County	MARION	DMH Licensed	No
HANNIBAL	MO 63401-2361	Region 5	Medicare/Medicaid	Facility Number	03340
	MCDO	NALD			
GOLDENI HUNGGENTER MORO					
GOLDEN LIVINGCENTER - MCDO	DNALD COUNTY	m 1 1	(417) 945 2251	A1 1	V
1000 PATTERSON STREET	MO (4921 7227	Telephone	(417) 845-3351	Alzheimer's Unit	Yes
ANDERSON 1000 PATTERSON S	MO 64831-7327	Level of Care	SNF	Bed Capacity	96
Mailing Address 1000 PATTERSON S		County	MCDONALD	DMH Licensed	No
ANDERSON	MO 64831-7327	Region 1	Medicare/Medicaid	Facility Number	05183
	MER	CER			
BRISTOL MANOR OF PRINCETON	1				
200 NORTH FULLERTON	•	Telephone	(660) 748-4354	Alzheimer's Unit	No
PRINCETON	MO 64673-1176	Level of Care	RCF	Bed Capacity	12
Mailing Address 200 N FULLERTON		County	MERCER	DMH Licensed	No
PRINCETON	MO 64673-1176	Region 4	WERCER	Facility Number	18846
TRIVELION	140 040/3-11/0	Region +		racinty Number	10040
PEARL'S II EDEN FOR ELDERS					
611 NORTH COLLEGE		Telephone	(660) 748-4407	Alzheimer's Unit	No
PRINCETON	MO 64673-1051	Level of Care	SNF	Bed Capacity	60
Mailing Address 611 NORTH COLLEG	GE	County	MERCER	DMH Licensed	No
PRINCETON	MO 64673-1051	Region 4	Medicare/Medicaid	Facility Number	06453
PEARL'S RESIDENTIAL CARE		m 1 1	(660) 740 2207	A1 1	NT.
308 SOUTH BROADWAY	MO (4672 1111	Telephone	(660) 748-3307	Alzheimer's Unit	No
PRINCETON 200 S PROADWAY	MO 64673-1111	Level of Care	RCF*	Bed Capacity	26
Mailing Address 308 S BROADWAY	MO (4670 1111	County	MERCER	DMH Licensed	Yes
PRINCETON	MO 64673-1111	Region 4		Facility Number	20643
	MILI	LER			
BRISTOL MANOR OF ELDON					
1201 EAST NORTH ST		Tolonhono	(573) 392-1200	Alzheimer's Unit	No
ELDON	MO 65026-2651	Telephone Level of Care	RCF		12
Mailing Address 1201 EAST NORTH			MILLER	Bed Capacity DMH Licensed	No
ELDON	MO 65026-2651	County	MILLER		
ELDON	WIO 03020-2031	Region 6		Facility Number	17701
ELDON NURSING & REHAB					
1001 E NORTH ST		Telephone	(573) 392-3164	Alzheimer's Unit	Yes
ELDON	MO 65026-2634	Level of Care	SNF	Bed Capacity	90
Mailing Address 1001 E NORTH ST		County	MILLER	DMH Licensed	No
ELDON	MO 65026-2634	Region 6	Medicare/Medicaid	Facility Number	06139
V AVERANDA SERVICE SER					
LAKESIDE MEADOWS - A STONEI	BRIDGE COMMUNITY	m 1 1	(572) 202 0000	411 1 1 77 1	
872 COLLEGE BLVD	MO (50(5 0100	Telephone	(573) 302-0900	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-8408	Level of Care	RCF*	Bed Capacity	40 N-
Mailing Address 872 COLLEGE BLVI		County	MILLER	DMH Licensed	No 20026
OSAGE BEACH	MO 65065-8408	Region 6		Facility Number	20926

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LAKESIDE MEADOWS - A STONEI	DDIDGE COMMUNITY				
872 COLLEGE BLVD	DRIDGE COMMUNITY	Telephone	(573) 302-0900	Alzheimer's Unit	No
OSAGE BEACH	MO 65065-8408	Level of Care		Bed Capacity	66
Mailing Address 872 COLLEGE BLVI		County	MILLER	DMH Licensed	No
OSAGE BEACH	MO 65065-8408	•		Facility Number	
OSAGE BEACH	MO 03003-8408	Region 6	Medicare/Medicaid	Facility Number	20926
LEE HOUSE OF ELDON					
105 NORTH MILL STREET		Telephone	(573) 392-5558	Alzheimer's Unit	No
ELDON	MO 65026-1728	Level of Care	RCF	Bed Capacity	53
Mailing Address 105 N MILL ST		County	MILLER	DMH Licensed	No
ELDON	MO 65026-1728	Region 6		Facility Number	13089
MILLER COUNTY CARE AND REF	HABILITATION CENTER				
1157 HIGHWAY 17		Telephone	(573) 369-2318	Alzheimer's Unit	Yes
TUSCUMBIA	MO 65082-2100	Level of Care		Bed Capacity	79
Mailing Address 1157 HWY 17		County	MILLER	DMH Licensed	No
TUSCUMBIA	MO 65082-2100	Region 6	Medicare/Medicaid	Facility Number	05422
				·	
ST ELIZABETH CARE CENTER					
649 SOUTH WALNUT ST		Telephone	(573) 493-2215	Alzheimer's Unit	No
SAINT ELIZABETH	MO 65075-2440	Level of Care		Bed Capacity	63
Mailing Address 649 SOUTH WALNU		County	MILLER	DMH Licensed	No
SAINT ELIZABETH	MO 65075-2440	Region 6	Medicare/Medicaid	Facility Number	07523
		MISSISSIPPI			
BERTRAND NURSING AND REHAL	R CENTER				
603 WEST HIGHWAY 62	BCENTER	Telephone	(573) 683-4290	Alzheimer's Unit	Yes
BERTRAND	MO 63823-9738	Level of Care	` '	Bed Capacity	64
Mailing Address 603 WEST HIGHWA		County	MISSISSIPPI	DMH Licensed	No
BERTRAND	MO 63823-9738	Region 2	Medicare/Medicaid	Facility Number	00440
				•	
CHARLESTON MANOR					
1220 EAST MARSHALL		Telephone	(573) 683-3721	Alzheimer's Unit	Yes
CHARLESTON	MO 63834-1349	Level of Care		Bed Capacity	120
Mailing Address 1220 EAST MARSH		County	MISSISSIPPI	DMH Licensed	No
CHARLESTON	MO 63834-1349	Region 2	Medicare/Medicaid	Facility Number	01251
EAST PRAIRIE NURSING CENTER	1				
186 MILLAR ROAD		Telephone	(573) 649-3551	Alzheimer's Unit	No
EAST PRAIRIE	MO 63845-1180	Level of Care	SNF	<b>Bed Capacity</b>	70
Mailing Address PO BOX 299		County	MISSISSIPPI	DMH Licensed	No
EAST PRAIRIE	MO 63845-0299	Region 2	Medicare/Medicaid	Facility Number	12083
		MONITEAU			
A CHINA THE CHINE OF THE TON					
ASHBURY HEIGHTS OF TIPTON 908 SOUTH PARK		Telephone	(660) 433-6496	Alzheimer's Unit	No
TIPTON	MO 65081-8408	Level of Care			12
Mailing Address 908 SOUTH PARK	1410 03001-0400		MONITEAU	Bed Capacity DMH Licensed	No
· ·	MO 65081-8408	County  Bogier 6	MONTEAU		
TIPTON	MIO 03081-8408	Region 6		Facility Number	16506
BRISTOL MANOR OF CALIFORNI	Α				
605 PARKVIEW DRIVE		Telephone	(573) 796-4342	Alzheimer's Unit	No
CALIFORNIA	MO 65018-2001	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 605 PARKVIEW DR		County	MONITEAU	DMH Licensed	No

**Facility Number** 

17401

MO 65018-2001

CALIFORNIA

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CALIFORNIA CARE CENTER		m 1 - 1	(572) 707 2127	AT T	N
1106 SOUTH OAK, ROUTE 3	MO 65018-1462	Telephone	(573) 796-3127	Alzheimer's Unit	No 60
CALIFORNIA  Mailing Address 1106 SOUTH OAK, 1		Level of Care	SNF <b>MONITEAU</b>	Bed Capacity DMH Licensed	No.
CALIFORNIA	MO 65018-1462	County		Facility Number	
CALIFORNIA	MO 03018-1402	Region 6	Medicare/Medicaid	Facility Number	10437
MONITEAU CARE CENTER					
200 SOUTH GERHART		Telephone	(573) 796-3822	Alzheimer's Unit	No
CALIFORNIA	MO 65018-2433	Level of Care	RCF*	<b>Bed Capacity</b>	6
Mailing Address 200 S GERHART		County	MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-2433	Region 6		Facility Number	20884
MONITEAU CARE CENTER					
200 SOUTH GERHART		Telephone	(573) 796-3822	Alzheimer's Unit	No
CALIFORNIA	MO 65018-2433	Level of Care	SNF	Bed Capacity	60
Mailing Address 200 S GERHART		County	MONITEAU	DMH Licensed	No
CALIFORNIA	MO 65018-2433	Region 6	Medicare/Medicaid	Facility Number	20884
TIPTON OAK MANOR					
TIPTON OAK MANOR		/D.11	(((0) 122 5571	A1 1	V
601 WEST MORGAN STREET TIPTON	MO 65081-8214	Telephone	(660) 433-5574 SNF	Alzheimer's Unit	Yes 66
		Level of Care		Bed Capacity	
Mailing Address 601 WEST MORGAL		County	MONITEAU	DMH Licensed	No
TIPTON	MO 65081-8214	Region 6	Medicare/Medicaid	Facility Number	08036
		MONROE			
BRISTOL MANOR OF MONROE C	ITY				
1017 EAST LAWN ST		Telephone	(573) 735-3068	Alzheimer's Unit	No
MONROE CITY	MO 63456-1433	Level of Care	` '	Bed Capacity	12
Mailing Address 1017 EAST LAWN S	ST	County	MONROE	DMH Licensed	No
MONROE CITY	MO 63456-1433	Region 5		Facility Number	20045
IONES WILDWOOD SADE SENTE	ED.				
JONES' WILDWOOD CARE CENTE 12806 HWY 151	ŁK	Talankana	(((0) 201 9/2/	A 1-1	NT-
	MO (50(2.2114	Telephone Level of Care	(660) 291-8636	Alzheimer's Unit	No
MADISON	MO 65263-3114			Bed Capacity	32
Mailing Address PO BOX 69	MO (52(2,00(0	County	MONROE	DMH Licensed	Yes
MADISON	MO 65263-0069	Region 5		Facility Number	08573
MILLER RESIDENT CARE, INC					
210 ROCK ROAD		Telephone	(660) 327-5680	Alzheimer's Unit	No
PARIS	MO 65275-1282	Level of Care	RCF*	Bed Capacity	40
Mailing Address 210 ROCK RD		County	MONROE	DMH Licensed	No
PARIS	MO 65275-1282	Region 5		Facility Number	18026
MONROE MANOR					
200 SOUTH STREET		Telephone	(660) 327-4125	Alzheimer's Unit	Yes
PARIS	MO 65275-1165	Level of Care	SNF	Bed Capacity	119
Mailing Address 200 SOUTH ST		County	MONROE	DMH Licensed	No
PARIS	MO 65275-1165	Region 5	Medicare/Medicaid	Facility Number	05484
		MONTGOMERY			
ASHBURY HEIGHTS OF MONTGO	DMERY CITY	<i>m</i> 1 1	(572) 564 2296	AT T	N.T.
625 WEST 2ND ST	MO (22(1.17(2	Telephone	(573) 564-3386	Alzheimer's Unit	No
MONTGOMERY CITY	MO 63361-1762	Level of Care		Bed Capacity	12
Mailing Address 625 WEST 2ND ST		County	MONTGOMERY	DMH Licensed	Yes

**Facility Number** 

20160

MO 63361-1762

MONTGOMERY CITY

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GOLDEN LIVINGCENTER - GAM	MA ROAD LODGE				
250 E LOCUST		Telephone	(573) 684-2002	Alzheimer's Unit	Yes
WELLSVILLE	MO 63384-1422	Level of Care		Bed Capacity	112
Mailing Address 250 E LOCUST		County	MONTGOMERY	DMH Licensed	No
WELLSVILLE	MO 63384-1422	Region 6	Medicare/Medicaid	Facility Number	02740
JONESBURG NURSING & REHAB	<b>;</b>				
308 CEDAR AVENUE		Telephone	(636) 488-5400	Alzheimer's Unit	Yes
JONESBURG	MO 63351-1126	Level of Care	SNF	<b>Bed Capacity</b>	90
Mailing Address PO BOX 218		County	MONTGOMERY	DMH Licensed	No
JONESBURG	MO 63351-0218	Region 6	Medicare/Medicaid	Facility Number	13265
NEW FLORENCE NURSING AND	CARE CENTER				
515 PICNIC STREET	CARE CENTER	Telephone	(573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care	, ,	Bed Capacity	33
Mailing Address 515 PICNIC ST	WIO 03303-2223	County	MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6	MONIGOMERI	Facility Number	05723
NEW PEORENCE	WO 03303-2223	Region 0		racinty Number	03723
NEW FLORENCE NURSING AND	CARE CENTER				
515 PICNIC STREET		Telephone	(573) 415-9333	Alzheimer's Unit	No
NEW FLORENCE	MO 63363-2223	Level of Care	SNF	Bed Capacity	87
Mailing Address 515 PICNIC ST		County	MONTGOMERY	DMH Licensed	No
NEW FLORENCE	MO 63363-2223	Region 6	Medicare/Medicaid	Facility Number	05723
		MORGAN			
A GAMBALIDAY AMERICANES OF A ALIBAR					
ASHBURY HEIGHTS OF LAURIE 299 HIGHWAY RA		T-1	(572) 274 0076	A 1-1: T 1:4	No
	MO (5029 (024	Telephone	(573) 374-0076	Alzheimer's Unit	
LAURIE	MO 65038-6024	Level of Care		Bed Capacity	12 N-
Mailing Address 299 HWY RA	MO (5029 (024	County	MORGAN	DMH Licensed	No
LAURIE	MO 65038-6024	Region 6		Facility Number	23915
BRISTOL MANOR OF STOVER					
607 WEST 4TH ST		Telephone	(573) 377-4519	Alzheimer's Unit	No
STOVER	MO 65078-0807	Level of Care	RCF	Bed Capacity	12
Mailing Address 607 WEST 4TH ST		County	MORGAN	DMH Licensed	No
STOVER	MO 65078-0807	Region 6		Facility Number	18863
GOLDEN AGE LIVING CENTER					
404 E THIRD STREET		Telephone	(573) 377-4521	Alzheimer's Unit	Yes
STOVER	MO 65078-0947	Level of Care		Bed Capacity	61
Mailing Address PO BOX 307		County	MORGAN	DMH Licensed	No
STOVER	MO 65078-0307	Region 6	Medicare/Medicaid	Facility Number	02949
	_				
GOOD SHEPHERD CARE CENTE	R	m 1 l	(572) 270 5411	A1 1	
1101 WEST CLAY ROAD	MO 65004 1177	Telephone	(573) 378-5411	Alzheimer's Unit	No
VERSAILLES	MO 65084-1177	Level of Care		Bed Capacity	120 N-
Mailing Address 1101 WEST CLAY		County	MORGAN	DMH Licensed	No
VERSAILLES	MO 65084-1177	Region 6	Medicare/Medicaid	Facility Number	21631
KIDWELL HOME					
1000 KIDWELL DRIVE		Telephone	(573) 378-5175	Alzheimer's Unit	No
VERSAILLES	MO 65084-1177	Level of Care	RCF*	<b>Bed Capacity</b>	44
Mailing Address 1000 KIDWELL DR	IVE	County	MORGAN	DMH Licensed	No
VEDCALIEC	MO 65094 1177	<b>D</b> • (		Facility Number	21/21

**Facility Number** 

21631

MO 65084-1177

VERSAILLES

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LAURIE CARE CENTER		m	(570) 274 2262		
610 HWY O	MO (5000	Telephone	(573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-	Level of Care	SNF	Bed Capacity	110
Mailing Address PO BOX 1068	MO (5029 1069	County	MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6	Medicare/Medicaid	Facility Number	04449
LAURIE KNOLLS					
610 HIGHWAY O		Telephone	(573) 374-8263	Alzheimer's Unit	No
LAURIE	MO 65038-	Level of Care	RCF*	<b>Bed Capacity</b>	66
Mailing Address PO BOX 1068		County	MORGAN	DMH Licensed	No
LAURIE	MO 65038-1068	Region 6		Facility Number	13765
	NEW I	MADRID			
GIDEON CARE CENTER			(550) 440 0505		3.7
300 LUNBECK	MO (2040 0211	Telephone	(573) 448-3505	Alzheimer's Unit	No
GIDEON  M. III. A LL DO BOY 107	MO 63848-9211	Level of Care	SNF	Bed Capacity	72 N-
Mailing Address PO BOX 197	MO (2949 0107	County	NEW MADRID	DMH Licensed	No
GIDEON	MO 63848-0197	Region 2	Medicare/Medicaid	Facility Number	15538
GOLDEN LIVINGCENTER - NEW M	MADRID				
1050 DAWSON ROAD		Telephone	(573) 748-5622	Alzheimer's Unit	Yes
NEW MADRID	MO 63869-1116	Level of Care	SNF	<b>Bed Capacity</b>	112
Mailing Address 1050 DAWSON RD		County	NEW MADRID	DMH Licensed	No
NEW MADRID	MO 63869-1116	Region 2	Medicare/Medicaid	<b>Facility Number</b>	04952
HERITAGE GARDENS OF SIKESTO	ONI				
3144 STATE HIGHWAY FF	ON .	Telephone	(573) 471-1174	Alzheimer's Unit	No
SIKESTON	MO 63801-8580	Level of Care	SNF	Bed Capacity	100
Mailing Address PO BOX 489	WO 03001-8300	County	NEW MADRID	DMH Licensed	No
SIKESTON	MO 63801-0489	Region 2	Medicare/Medicaid	Facility Number	07306
Shills for	113 05001 010)	Region 2	Wiculcar C/Wiculcard	r delitey r dilliser	07300
PORTAGEVILLE NURSING AND R	EHABILITATION, LLC				
290 WEST STATE HWY 162		Telephone	(573) 379-2017	Alzheimer's Unit	No
PORTAGEVILLE	MO 63873-9397	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 408		County	NEW MADRID	DMH Licensed	No
PORTAGEVILLE	MO 63873-0408	Region 2	Medicare/Medicaid	Facility Number	17119
SELLS REST HOME					
609 SOUTH RAILROAD STREET		Telephone	(573) 471-7861	Alzheimer's Unit	Yes
MATTHEWS	MO 63867-9751	Level of Care	SNF	Bed Capacity	98
Mailing Address 609 S RAILROAD ST		County	NEW MADRID	DMH Licensed	No
MATTHEWS	MO 63867-9751	Region 2	Medicare/Medicaid	Facility Number	07057
			1/1041041 0/1/10410414		
	NEV	VTON			
GRAN VILLAS NEOSHO					
420 LYON DRIVE		Telephone	(417) 451-7071	Alzheimer's Unit	No
NEOSHO	MO 64850-9194	Level of Care	RCF	<b>Bed Capacity</b>	30
Mailing Address 420 LYON DR		County	NEWTON	DMH Licensed	No
NEOSHO	MO 64850-9194	Region 1		Facility Number	20156
CRANDY HOUSE					
GRANBY HOUSE		m 1 1	(417) 470 (071	AT T	N.T.
301 SOUTH MAIN	MO 64944 9226	Telephone	(417) 472-6271	Alzheimer's Unit	No
GRANBY	MO 64844-8336	Level of Care	SNF	Bed Capacity	60 No
Mailing Address 301 SOUTH MAIN	MO 64944 9226	County	NEWTON	DMH Licensed	No
GRANBY	MO 64844-8336	Region 1	Medicare/Medicaid	Facility Number	16481

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JOPLIN HEALTH AND REHABILIT	TATION CENTER	m. 1	(417) (22 52 64	43.3.4. 1.77.4/	***
2218 WEST 32ND STREET	MO 54004 2514	Telephone	(417) 623-5264	Alzheimer's Unit	Yes
JOPLIN	MO 64804-3514	Level of Care	SNF	Bed Capacity	120
Mailing Address 2218 WEST 32ND S' JOPLIN	MO 64804-3514	County	NEWTON	DMH Licensed	No
JOPLIN	MO 04804-3514	Region 1	Medicare/Medicaid	Facility Number	12583
MEDICALODGES NEOSHO					
400 LYON DRIVE		Telephone	(417) 451-2544	Alzheimer's Unit	Yes
NEOSHO	MO 64850-9194	Level of Care	SNF	<b>Bed Capacity</b>	114
Mailing Address 400 LYON DR		County	NEWTON	DMH Licensed	No
NEOSHO	MO 64850-9194	Region 1	Medicare/Medicaid	Facility Number	05383
NUCHEALTHCADE IODLIN					
NHC HEALTHCARE, JOPLIN 2700 EAST 34TH STREET		Telephone	(417) 781-1737	Alzheimer's Unit	No
JOPLIN	MO 64804-4310	Level of Care	SNF	Bed Capacity	126
Mailing Address PO BOX 2877	110 01001 1310	County	NEWTON	DMH Licensed	No
JOPLIN	MO 64803-2877	Region 1	Medicare/Medicaid	Facility Number	04044
		210g.v.	1/10/10/10/10/10/10/10/10/10/10/10/10/10	•	
OZARK CENTER RESIDENTIAL C	CARE FACILITY II				
3405 S SCHIFFERDECKER		Telephone	(417) 347-7760	Alzheimer's Unit	No
JOPLIN	MO 64804-1388	Level of Care	RCF*	Bed Capacity	30
Mailing Address PO BOX 2526		County	NEWTON	DMH Licensed	Yes
JOPLIN	MO 64803-2526	Region 1		Facility Number	13636
SENECA HOME PLACE					
2400 SOUTH CHEROKEE AVENUE		Telephone	(417) 776-8053	Alzheimer's Unit	No
SENECA	MO 64865-9323	Level of Care	RCF*	Bed Capacity	30
Mailing Address 2400 S CHEROKEE	AVE	County	NEWTON	DMH Licensed	No
SENECA	MO 64865-9323	Region 1		<b>Facility Number</b>	17571
arved vova					
SENECA HOUSE		m., .	(415) 554 0041		
914 CHICKESAW ST	MO (4965 0291	Telephone	(417) 776-8041	Alzheimer's Unit	No
SENECA Mailing Address 914 CHICKESAW S'	MO 64865-9281	Level of Care County	SNF NEWTON	Bed Capacity  DMH Licensed	80 No
SENECA	MO 64865-1049	Region 1	Medicare/Medicaid	Facility Number	17090
SENECA	WO 04803-1049	Region 1	Medicare/Medicald	racinty Number	17090
SILVER CREEK - ASSISTED LIVIN	NG BY AMERICARE				
3325 TEXAS AVENUE		Telephone	(417) 626-8100	Alzheimer's Unit	Yes
JOPLIN	MO 64804-4343	Level of Care	ALF**	Bed Capacity	57
Mailing Address 3325 TEXAS AVE		County	NEWTON	DMH Licensed	No
JOPLIN	MO 64804-4343	Region 1		Facility Number	20541
SPRINGHILL - ASSISTED LIVING	RV AMEDICADE				
1105 VILLAGE ROAD	BI AMERICARE	Telephone	(417) 451-1000	Alzheimer's Unit	No
NEOSHO	MO 64850-9076	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1105 VILLAGE RD	3.55 0.000 7070	County	NEWTON	DMH Licensed	No
NEOSHO	MO 64850-9076	Region 1		Facility Number	20193
	NO	DAWAY			
BRISTOL MANOR OF MARYVILL	Æ				
323 EAST SUMMIT DRIVE		Telephone	(660) 582-4131	Alzheimer's Unit	No
MARYVILLE	MO 64468-3619	Level of Care	RCF	Bed Capacity	12
Mailing Address 323 EAST SUMMIT		County	NODAWAY	DMH Licensed	No
MARYVILLE	MO 64468-3619	Region 4		Facility Number	19843
		-			

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GOLDEN LIVING COMMUNITY - MARYVILLE		(550) 500 0500		
1101 EAST 5TH ST	Telephone	(660) 582-3532	Alzheimer's Unit	No
MARYVILLE MO 64468-18			Bed Capacity	20
Mailing Address 1101 EAST 5TH ST	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-18'	76 Region 4		Facility Number	20910
GOLDEN LIVINGCENTER - MARYVILLE				
524 NORTH LAURA	Telephone	(660) 582-7447	Alzheimer's Unit	Yes
MARYVILLE MO 64468-19:	55 Level of Care	SNF	<b>Bed Capacity</b>	105
Mailing Address 524 NORTH LAURA	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-19:	Region 4	Medicare/Medicaid	Facility Number	05149
NODAWAY NURSING HOME				
22371 STATE HIGHWAY 46	Telephone	(660) 562-2876	Alzheimer's Unit	No
MARYVILLE MO 64468-81:	57 Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address PO BOX 307	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-030	O7 Region 4	Medicare/Medicaid	<b>Facility Number</b>	05766
OAK POINTE OF MARYVILLE				
817 SOUTH COUNTRY CLUB DRIVE	Telephone	(660) 562-2799	Alzheimer's Unit	Yes
MARYVILLE MO 64468-14	•	` ′	Bed Capacity	50
Mailing Address 817 SOUTH COUNTRY CLUB DRIVE		NODAWAY	DMH Licensed	No.
MARYVILLE MO 64468-14	•	NODAWAI	Facility Number	29544
MINITY INCOME.	Region		racinty runiber	2)344
PARKDALE MANOR CARE CENTER				
814 WEST SOUTH AVENUE	Telephone	(660) 582-8161	Alzheimer's Unit	No
MARYVILLE MO 64468-27	72 Level of Care	SNF	Bed Capacity	92
Mailing Address 814 W SOUTH AVE	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-27	72 Region 4	Medicare/Medicaid	Facility Number	06308
VILLAGE CARE CENTER, INC				
810 EAST EDWARDS ST	Telephone	(660) 562-3515	Alzheimer's Unit	Yes
MARYVILLE MO 64468-29	17 Level of Care	SNF	Bed Capacity	46
Mailing Address 810 EAST EDWARDS ST	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-29	Region 4	Medicare/Medicaid	<b>Facility Number</b>	20361
VILLAGE CARE CENTER, INC				
810 EAST EDWARDS ST	Telephone	(660) 562-3515	Alzheimer's Unit	No
MARYVILLE MO 64468-29	-	` ′	Bed Capacity	18
Mailing Address 810 EAST EDWARDS ST	County	NODAWAY	DMH Licensed	No
MARYVILLE MO 64468-29	·	1,0211,1112	Facility Number	20361
	OREGON			
	OKEGON			
SHADY OAKS HEALTHCARE CENTER				
715 S STATE ROUTE 19	Telephone	(417) 264-7256	Alzheimer's Unit	No
THAYER MO 65791-14			<b>Bed Capacity</b>	120
Mailing Address 715 S STATE ROUTE 19	County	OREGON	DMH Licensed	No
THAYER MO 65791-14	Region 2	Medicare/Medicaid	Facility Number	01364
SHEPHERD'S VIEW ASSISTED LIVING				
100 SHEPHERDS LANE	Telephone	(417) 778-7959	Alzheimer's Unit	No
ALTON MO 65606-04	29 Level of Care	ALF**	<b>Bed Capacity</b>	39
Mailing Address PO BOX 429	County	OREGON	DMH Licensed	No
ALTON MO 65606-04	29 Region 2		<b>Facility Number</b>	23135

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	OS	AGE		
ARBOR RIDGE ESTATES				
201 E FIRST ST		<b>Telephone</b> (573) 859-3162	Alzheimer's Unit	No
BELLE	MO 65013-2500	Level of Care RCF	<b>Bed Capacity</b>	30
Mailing Address 201 E FIRST ST		County OSAGE	DMH Licensed	Yes
BELLE	MO 65013-2500	Region 6	<b>Facility Number</b>	21225
ARBOR RIDGE MANOR				
461 COUNTY ROAD 621		<b>Telephone</b> (573) 897-2744	Alzheimer's Unit	No
LINN	MO 65051-3316	Level of Care RCF*	Bed Capacity	22
Mailing Address 461 COUNTY ROAD		County OSAGE	DMH Licensed	No
LINN	MO 65051-3316	Region 6	Facility Number	21989
LINN LIVING & REHAB CENTER		TO 1 1 (572) 907 0700	A1 1 *	V.
196 HIGHWAY CC LINN	MO 65051-3500	Telephone (573) 897-0700 Level of Care SNF	Alzheimer's Unit Bed Capacity	Yes 132
Mailing Address 196 HIGHWAY CC	MO 03031-3300	County OSAGE	DMH Licensed	No
LINN	MO 65051-3500	Region 6 Medicare/Medicai		14130
WESTPHALIA HILLS - A STONEBR	DOE COMMINITY			
1899 HIGHWAY 63	IDGE COMMUNITT	<b>Telephone</b> (573) 455-2280	Alzheimer's Unit	No
WESTPHALIA	MO 65085-2215	Level of Care RCF*	Bed Capacity	28
Mailing Address 1899 HWY 63		County OSAGE	DMH Licensed	No
WESTPHALIA	MO 65085-2215	Region 6	<b>Facility Number</b>	18653
WESTPHALIA HILLS - A STONEBR	AIDGE COMMUNITY			
1899 HIGHWAY 63		<b>Telephone</b> (573) 455-2280	Alzheimer's Unit	No
WESTPHALIA	MO 65085-2215	Level of Care SNF	<b>Bed Capacity</b>	64
Mailing Address 1899 HWY 63		County OSAGE	DMH Licensed	No
WESTPHALIA	MO 65085-2215	Region 6 Medicare/Medicai	d Facility Number	18653
	OZ	ARK		
GAINESVILLE HEALTH CARE CEN	NTER			
77 MEDICAL DRIVE		<b>Telephone</b> (417) 679-4921	Alzheimer's Unit	No
GAINESVILLE	MO 65655-	Level of Care SNF	Bed Capacity	99
Mailing Address PO BOX 628		County OZARK	DMH Licensed	No
GAINESVILLE	MO 65655-0628	Region 1 Medicare/Medicai	d Facility Number	12868
	PEM	ISCOT		
CARUTHERSVILLE NURSING CEN	TER			
500 TRUMAN BLVD		<b>Telephone</b> (573) 333-5150	Alzheimer's Unit	No
CARUTHERSVILLE	MO 63830-1261	Level of Care SNF	Bed Capacity	94
Mailing Address 500 TRUMAN BLVD		County PEMISCOT	DMH Licensed	No
CARUTHERSVILLE	MO 63830-1261	Region 2 Medicare/Medicai	d Facility Number	01081
RIVER OAKS CARE CENTER				
1001 NORTH WALNUT		<b>Telephone</b> (573) 695-2121	Alzheimer's Unit	No
STEELE 1001 N. WALNET	MO 63877-1355	Level of Care SNF	Bed Capacity	90 N
Mailing Address 1001 N WALNUT STEELE	MO 63877-1355	County PEMISCOT  Region 2 Medicare/Medicai	DMH Licensed d Facility Number	No 06672
		RRY	• 	
		KK I		
ESTATES OF PERRYVILLE, LLC, T 430 NORTH WEST ST	THE	Tolonhono (572) 547 1011	Alzheimer's Unit	NI.
PERRYVILLE	MO 63775-1359	Telephone (573) 547-1011 Level of Care SNF	Bed Capacity	No 156
	007.70 1007	20,0101 Out 0111	200 Supucity	150

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MO 63775-1359

County

Region 2

PERRY

Medicare/Medicaid

**DMH Licensed** 

**Facility Number** 

No

00137

Mailing Address 430 N WEST ST

PERRYVILLE

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HOLIDAY RESIDENTIAL CARE 1019 OLD ST MARY'S ROAD		Talambana	(572) 547 7200	A 1-1	NI-
PERRYVILLE	MO 63775-1298	Telephone Level of Care	(573) 547-7398 RCF*	Alzheimer's Unit	No 20
Mailing Address 1019 OLD ST MARY		County	PERRY	Bed Capacity DMH Licensed	No
PERRYVILLE	MO 63775-1298	•	FERNI	Facility Number	19872
FERRI VILLE	MIO 03/73-1298	Region 2		Facility Number	19072
INDEPENDENCE CARE CENTER O	OF PERRY COUNTY				
800 SOUTH KINGSHIGHWAY		Telephone	(573) 547-6546	Alzheimer's Unit	Yes
PERRYVILLE	MO 63775-2106	Level of Care	SNF	Bed Capacity	123
Mailing Address 800 SOUTH KINGSH	HWY	County	PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-2106	Region 2	Medicare/Medicaid	Facility Number	06393
INDEPENDENCE COURT					
121 INDEPENDENCE DRIVE		Telephone	(573) 547-1499	Alzheimer's Unit	No
PERRYVILLE	MO 63775-1496	Level of Care	RCF*	Bed Capacity	75
Mailing Address 121 INDEPENDENCE		County	PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-1496	Region 2		Facility Number	06393
TERRIT VIDEE	110 03773 1170	Region 2		Tuellity Tulliber	00373
INDEPENDENCE SQUARE RESIDE	ENTIAL CARE CENTER				
1136 SOUTH MAIN STREET		Telephone	(573) 547-8600	Alzheimer's Unit	No
PERRYVILLE	MO 63775-8802	Level of Care	RCF*	Bed Capacity	20
Mailing Address 1136 S MAIN ST		County	PERRY	DMH Licensed	No
PERRYVILLE	MO 63775-8802	Region 2		Facility Number	14309
	PET	TIS			
BRISTOL MANOR OF LA MONTE					
910 SOUTH MAIN ST		Telephone	(660) 347-5757	Alzheimer's Unit	No
LA MONTE	MO 65337-1250	Level of Care	RCF	Bed Capacity	12
Mailing Address 910 SOUTH MAIN S	T	County	PETTIS	DMH Licensed	No
LA MONTE	MO 65337-1250	Region 6		Facility Number	21011
BRISTOL MANOR OF SEDALIA					
1208 EAST 24TH ST		Telephone	(660) 827-2028	Alzheimer's Unit	No
SEDALIA	MO 65301-8231	Level of Care	RCF	Bed Capacity	12
Mailing Address 1208 EAST 24TH ST		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-8231	Region 6		Facility Number	15808
				•	
ESSEX BY BRISTOL, THE					
301 EAST 3RD		Telephone	(660) 829-1758	Alzheimer's Unit	No
SEDALIA	MO 65301-4335	Level of Care	RCF	Bed Capacity	12
Mailing Address 301 EAST 3RD		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4335	Region 6		Facility Number	23020
FAIR VIEW NURSING HOME					
1714 WEST 16TH STREET		Telephone	(660) 827-1594	Alzheimer's Unit	No
SEDALIA	MO 65301-5273	Level of Care	ICF	Bed Capacity	63
Mailing Address 1714 WEST 16TH ST		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-5273	Region 6	Medicaid	Facility Number	02469
		S		·	
FOUR SEASONS LIVING CENTER		m 1 -	(660) 02 - 000 -		•-
2800 HIGHWAY TT		Telephone	(660) 826-8803	Alzheimer's Unit	Yes
SEDALIA	MO 65301-1410	Level of Care	SNF	Bed Capacity	239
Mailing Address 2800 HIGHWAY TT	150 57001 1110	County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-1410	Region 6	Medicare/Medicaid	Facility Number	00836

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LANDMARK TERRACE					
501 SOUTH OHIO, SUITE 300	NO 55004 4405	Telephone	(660) 827-7400	Alzheimer's Unit	No
SEDALIA	MO 65301-4406	Level of Care	RCF	Bed Capacity	12 N
Mailing Address 501 S OHIO, SUITE 3		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-4406	Region 6		Facility Number	26548
PARKVIEW ESTATES					
1300 EAST 24TH ST		Telephone	(660) 827-3313	Alzheimer's Unit	No
SEDALIA	MO 65301-8233	Level of Care	RCF*	<b>Bed Capacity</b>	26
Mailing Address 1300 EAST 24TH ST		County	PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-8233	Region 6		Facility Number	15971
PLEASANT VIEW ESTATES, INC					
1401 WEST 3RD		Telephone	(660) 827-1088	Alzheimer's Unit	No
SEDALIA	MO 65301-3603	Level of Care	RCF*	Bed Capacity	24
Mailing Address 1401 WEST 3RD		County	PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-3603	Region 6		Facility Number	20727
		9		·	
REST HAVEN CONVALESCENT &	RETIREMENT HOME				
1800 SOUTH INGRAM		Telephone	(660) 827-0845	Alzheimer's Unit	No
SEDALIA	MO 65301-7538	Level of Care	SNF	Bed Capacity	86
Mailing Address 1800 S INGRAM		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-7538	Region 6	Medicaid	Facility Number	06582
SUNNY MEADOWS LIVING CENTI	ER				
419 NORTH PROSPECT AVENUE		Telephone	(660) 826-5353	Alzheimer's Unit	No
SEDALIA	MO 65301-2729	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 419 N PROSPECT A	VE	County	PETTIS	DMH Licensed	Yes
SEDALIA	MO 65301-2729	Region 6		<b>Facility Number</b>	06527
SYLVIA G THOMPSON RESIDENC	E CENTED INC				
3333 WEST TENTH ST	E CENTER, INC	Telephone	(660) 826-2118	Alzheimer's Unit	Yes
SEDALIA	MO 65301-2113	Level of Care	SNF	Bed Capacity	120
Mailing Address 3333 WEST TENTH		County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2113	•	Medicaid	Facility Number	17278
SEDILLIA	110 03301 2113	region 0	Medicald	racinty (valider	17270
WINCHESTER MEADOWS ASSIST	ED LIVING				
3751 WEST 10TH ST		Telephone	(660) 827-8900	Alzheimer's Unit	No
SEDALIA	MO 65301-2411	Level of Care	ALF	Bed Capacity	50
Mailing Address 3751 WEST 10TH ST	Γ	County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-2411	Region 6		Facility Number	25967
WINCHESTER MEADOWS ENHAN	ICED ASSISTED LIVING				
3761 WEST 10TH STREET		Telephone	(660) 827-8900	Alzheimer's Unit	No
SEDALIA	MO 65301-	Level of Care	ALF**	Bed Capacity	32
Mailing Address 3761 WEST 10TH ST	TREET	County	PETTIS	DMH Licensed	No
SEDALIA	MO 65301-	Region 6		<b>Facility Number</b>	25967
	PHE	LPS			
	<b></b>				
AUTUMN HOUSE					
803 EAST 12TH STREET		Telephone	(573) 364-3638	Alzheimer's Unit	No
ROLLA	MO 65401-2711	Level of Care	ALF	Bed Capacity	16
Mailing Address 803 EAST 12TH ST	150 - 57404 5777	County	PHELPS	DMH Licensed	No
ROLLA	MO 65401-2711	Region 6		Facility Number	11080

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CEDAR KNOLL HOME 13635 STATE ROUTE V		Telephone	(573) 265-3658	Alzheimer's Unit	No
SAINT JAMES	MO 65559-8331	Level of Care	ALF	Bed Capacity	32
Mailing Address 13635 STATE ROUT		County	PHELPS	DMH Licensed	Yes
SAINT JAMES	MO 65559-8331	Region 6		Facility Number	01142
		8		·	
COUNTRY VALLEY HOME					
15750 COUNTY ROAD 2430		Telephone	(573) 265-8250	Alzheimer's Unit	No
SAINT JAMES	MO 65559-8211	Level of Care	RCF*	Bed Capacity	23
Mailing Address 15750 COUNTY RD		County	PHELPS	DMH Licensed	Yes
SAINT JAMES	MO 65559-8211	Region 6		Facility Number	01852
FERNDALE, INC					
15677 COUNTY ROAD 2430		Telephone	(573) 265-3344	Alzheimer's Unit	No
SAINT JAMES	MO 65559-8210	Level of Care	ALF	Bed Capacity	32
Mailing Address 15677 COUNTY RD	2430	County	PHELPS	DMH Licensed	Yes
SAINT JAMES	MO 65559-8210	Region 6		<b>Facility Number</b>	02526
COLDEN LIMINGGENIEED SELL	MEG				
GOLDEN LIVINGCENTER - ST JAI 415 SIDNEY STREET	MES	Telephone	(573) 265-8921	Alzheimer's Unit	No
SAINT JAMES	MO 65559-1070	Level of Care	SNF	Bed Capacity	90
Mailing Address PO BOX 69	WIO 03339-1070	County	PHELPS	DMH Licensed	No
SAINT JAMES	MO 65559-0069	•	Medicare/Medicaid	Facility Number	05238
STAINT STAINES	MO 03337 0007	Region 0	Medical e/Medicald	racinty Number	03236
PARKSIDE - ASSISTED LIVING BY	AMERICARE				
1700 EAST 10TH STREET		Telephone	(573) 364-2602	Alzheimer's Unit	No
ROLLA	MO 65401-4600	Level of Care	ALF**	Bed Capacity	50
Mailing Address 1700 E 10TH ST		County	PHELPS	DMH Licensed	No
ROLLA	MO 65401-4600	Region 6		Facility Number	13589
PRESBYTERIAN MANOR OF ROLL	I.A				
1200 HOMELIFE PLAZA		Telephone	(573) 364-7336	Alzheimer's Unit	No
ROLLA	MO (5401-2512	-			
	MO 65401-2512	Level of Care	SNF	Bed Capacity	30
		Level of Care County	PHELPS	Bed Capacity DMH Licensed	30 No
Mailing Address 1200 HOMELIFE PL ROLLA		County		= -	
Mailing Address 1200 HOMELIFE PL ROLLA	AZA MO 65401-2512	County	PHELPS	DMH Licensed	No
Mailing Address 1200 HOMELIFE PL ROLLA PRESBYTERIAN MANOR OF ROLL	AZA MO 65401-2512	County Region 6	PHELPS Medicare/Medicaid	DMH Licensed Facility Number	No 18727
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA	AZA MO 65401-2512 LA	County Region 6 Telephone	PHELPS Medicare/Medicaid (573) 364-7336	DMH Licensed Facility Number  Alzheimer's Unit	No 18727 Yes
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA	AZA MO 65401-2512  LA  MO 65401-2512	County Region 6  Telephone Level of Care	PHELPS Medicare/Medicaid  (573) 364-7336 ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 18727 Yes 37
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL	AZA MO 65401-2512  LA  MO 65401-2512  AZA	County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid (573) 364-7336	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 18727 Yes 37 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA	AZA MO 65401-2512  LA  MO 65401-2512	County Region 6  Telephone Level of Care	PHELPS Medicare/Medicaid  (573) 364-7336 ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 18727 Yes 37
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL	AZA MO 65401-2512 <b>LA</b> MO 65401-2512 AZA MO 65401-2512	County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 18727 Yes 37 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA  Mailing Address 1200 HOMELIFE PL ROLLA	AZA MO 65401-2512 <b>LA</b> MO 65401-2512 AZA MO 65401-2512	County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF**	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 18727 Yes 37 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA ROLLA HEALTH & REHABILITAT	AZA MO 65401-2512 <b>LA</b> MO 65401-2512 AZA MO 65401-2512	County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615	County Region 6  Telephone Level of Care County Region 6  Telephone	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit	No 18727 Yes 37 No 18727
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 18727 Yes 37 No 18727
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA  Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA  Mailing Address 1200 MCCUTCHEN ROLLA	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615  ROAD	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 18727 Yes 37 No 18727 NO 120 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA ROLLA ROLLA MANOR CARE CENTER	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615  ROAD	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS  Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE	MO 65401-2512  LA  MO 65401-2512  AZA  MO 65401-2512  FION SUITES  MO 65401-2615  ROAD  MO 65401-2615	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS  Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615  ROAD MO 65401-2615  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS Medicare/Medicaid  (573) 364-7766 SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 18727 Yes 37 No 18727 NO 120 No 08862
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA Mailing Address 1800 WHITE COLUM	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615  ROAD MO 65401-2615  MO 65401-2044  MNS DR	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS  Medicare/Medicaid  (573) 364-7766 SNF PHELPS	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA	AZA MO 65401-2512  LA  MO 65401-2512  AZA MO 65401-2512  FION SUITES  MO 65401-2615  ROAD MO 65401-2615  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS Medicare/Medicaid  (573) 364-7766 SNF	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA Mailing Address 1800 WHITE COLUM	MO 65401-2512  LA  MO 65401-2512  AZA  MO 65401-2512  FION SUITES  MO 65401-2615  ROAD  MO 65401-2615  MO 65401-2044  MNS DR  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County Region 6  Telephone Level of Care County	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS  Medicare/Medicaid  (573) 364-7766 SNF PHELPS	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102 No
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA Mailing Address 1800 WHITE COLUM ROLLA ROSEWOOD RESIDENTIAL CARE 13450 COUNTY ROAD 7040	MO 65401-2512  LA  MO 65401-2512  AZA  MO 65401-2512  FION SUITES  MO 65401-2615  ROAD  MO 65401-2615  MO 65401-2044  MNS DR  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS Medicare/Medicaid  (573) 364-7766 SNF PHELPS Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102 No 06801
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA Mailing Address 1800 WHITE COLUM ROLLA ROSEWOOD RESIDENTIAL CARE 13450 COUNTY ROAD 7040 ROLLA	MO 65401-2512  LA  MO 65401-2512  AZA  MO 65401-2512  FION SUITES  MO 65401-2615  ROAD  MO 65401-2615  MO 65401-2044  MNS DR  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS  Medicare/Medicaid  (573) 364-7766 SNF PHELPS Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102 No 06801
Mailing Address 1200 HOMELIFE PL ROLLA  PRESBYTERIAN MANOR OF ROLL 1200 HOMELIFE PLAZA ROLLA Mailing Address 1200 HOMELIFE PL ROLLA  ROLLA HEALTH & REHABILITAT 1200 MCCUTCHEN ROAD ROLLA Mailing Address 1200 MCCUTCHEN ROLLA  ROLLA MANOR CARE CENTER 1800 WHITE COLUMNS DRIVE ROLLA Mailing Address 1800 WHITE COLUM ROLLA ROSEWOOD RESIDENTIAL CARE 13450 COUNTY ROAD 7040	MO 65401-2512  LA  MO 65401-2512  AZA  MO 65401-2512  FION SUITES  MO 65401-2615  ROAD  MO 65401-2615  MO 65401-2044  MNS DR  MO 65401-2044	County Region 6  Telephone Level of Care County Region 6	PHELPS Medicare/Medicaid  (573) 364-7336 ALF** PHELPS  (573) 364-2311 SNF PHELPS Medicare/Medicaid  (573) 364-7766 SNF PHELPS Medicare/Medicaid	DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18727 Yes 37 No 18727 NO 120 No 08862 Yes 102 No 06801

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SILVERSTONE PLACE			
2735 EAGLESON DRIVE	<b>Telephone</b> (573) 426-6200	Alzheimer's Unit	No
ROLLA MO 65401-8384	Level of Care SNF	<b>Bed Capacity</b>	110
Mailing Address 2735 EAGLESON DR	County PHELPS	DMH Licensed	No
ROLLA MO 65401-8384	Region 6 Medicare/Medicaid	<b>Facility Number</b>	29351
	PIKE		
BOWLING GREEN RESIDENTIAL CARE			
119 WEST CENTENNIAL AVENUE	<b>Telephone</b> (573) 324-5560	Alzheimer's Unit	No
BOWLING GREEN MO 63334-1605	Level of Care RCF*	Bed Capacity	24
Mailing Address 119 WEST CENTENNIAL AVE	County PIKE	DMH Licensed	Yes
BOWLING GREEN MO 63334-1605	Region 5	Facility Number	07712
COUNTRY VIEW NURSING FACILITY, INC			
2106 WEST MAIN ST	<b>Telephone</b> (573) 324-2216	Alzheimer's Unit	No
BOWLING GREEN MO 63334-1049	Level of Care SNF	Bed Capacity	60
Mailing Address PO BOX 330	County PIKE	DMH Licensed	No
BOWLING GREEN MO 63334-0330	Region 5 Medicare/Medicaid	Facility Number	14926
I VAINIC HEDITA CE HOUGE INC		•	
LYNN'S HERITAGE HOUSE, INC 800 KELLY LANE	<b>Telephone</b> (573) 754-4020	Alzheimer's Unit	Yes
LOUISIANA MO 63353-2415	Level of Care ALF**	Bed Capacity	44
Mailing Address 800 KELLY LN	County PIKE	DMH Licensed	No
LOUISIANA MO 63353-2415	Region 5	Facility Number	21055
		•	
MAPLE GROVE LODGE			
2407 KENTUCKY STREET	<b>Telephone</b> (573) 754-5456	Alzheimer's Unit	No
LOUISIANA MO 63353-2503	Level of Care SNF	Bed Capacity	90
Mailing Address 2407 KENTUCKY ST	County PIKE	DMH Licensed	No
LOUISIANA MO 63353-2503	Region 5 Medicare/Medicaid	Facility Number	05002
MOORE-PIKE NURSING HOME			
300 S SAINT CHARLES ST	<b>Telephone</b> (573) 324-5281	Alzheimer's Unit	No
BOWLING GREEN MO 63334-2221	Level of Care SNF	<b>Bed Capacity</b>	55
Mailing Address 300 S SAINT CHARLES ST	County PIKE	DMH Licensed	No
BOWLING GREEN MO 63334-2221	Region 5 Medicare/Medicaid	Facility Number	05511
P	LATTE		
AUTUMN WOODS, INC			
5500 NW HOUSTON LAKE DRIVE	<b>Telephone</b> (816) 587-2263	Alzheimer's Unit	No
KANSAS CITY MO 64151-3472	Level of Care RCF*	<b>Bed Capacity</b>	28
Mailing Address PO BOX 12008	County PLATTE	DMH Licensed	Yes
KANSAS CITY MO 64152-0008	Region 4	Facility Number	10857
BENTON HOUSE OF TIFFANY SPRINGS			
5901 NW 88TH STREET	<b>Telephone</b> (816) 505-4555	Alzheimer's Unit	Yes
KANSAS CITY MO 64154-	Level of Care ALF**	Bed Capacity	80
Mailing Address 5901 NW 88TH STREET  KANSAS CITY MO 64154-	County PLATTE	DMH Licensed	No
KANSAS CITY MO 64154-	Region 4	Facility Number	29519
BRISTOL MANOR OF WESTON			
178 WALNUT	<b>Telephone</b> (816) 386-5507	Alzheimer's Unit	No
WESTON MO 64098-1328	Level of Care RCF	Bed Capacity	12 N
Mailing Address 178 WALNUT	County PLATTE	DMH Licensed	No
WESTON MO 64098-1328	Region 4	Facility Number	16741

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GARDEN VALLEY NURSING & RE	EHABILITATION CENTER				
8575 NORTH GRANBY AVENUE		Telephone	(816) 436-8575	Alzheimer's Unit	No
KANSAS CITY	MO 64154-1235	Level of Care		Bed Capacity	156
Mailing Address 8575 NORTH GRAN		County	PLATTE	DMH Licensed	No
KANSAS CITY	MO 64154-1235	Region 4	Medicare/Medicaid	Facility Number	10213
GARDENS AT BARRY ROAD, THE					
8300 NW BARRY ROAD		Telephone	(816) 584-3200	Alzheimer's Unit	NO
KANSAS CITY	MO 64153-1634	Level of Care	ALF	Bed Capacity	100
Mailing Address 8300 NW BARRY R	D	County	PLATTE	DMH Licensed	No
KANSAS CITY	MO 64153-1634	Region 4		<b>Facility Number</b>	23774
GARDENS AT BARRY ROAD, THE			(0.1.0) 50.1.0000		
8300 NW BARRY RD	3.50 - 5.44.50 - 4.50 - 4	Telephone	(813) 584-3200	Alzheimer's Unit	Yes
KANSAS CITY	MO 64153-1634	Level of Care		Bed Capacity	40
Mailing Address 8300 NW BARRY R		County	PLATTE	DMH Licensed	No
KANSAS CITY	MO 64153-1634	Region 4		Facility Number	23774
HERITAGE VILLAGE OF PLATTE	CITY				
15 WALLINGFORD DRIVE		Telephone	(816) 858-2182	Alzheimer's Unit	No
PLATTE CITY	MO 64079-9604	Level of Care	RCF*	Bed Capacity	30
Mailing Address 15 WALLINGFORD	DR	County	PLATTE	DMH Licensed	Yes
PLATTE CITY	MO 64079-9604	Region 4		Facility Number	13182
HILLVIEW NURSING & REHAB			(016) 050 5000		
220 O'ROURKE	MO (4070 0260	Telephone	(816) 858-5222	Alzheimer's Unit	No 120
PLATTE CITY  M. III. A LL PO POY 1210	MO 64079-9360	Level of Care		Bed Capacity	120
Mailing Address PO BOX 1310	MO 64070 1210	County	PLATTE	DMH Licensed	No
PLATTE CITY	MO 64079-1310	Region 4	Medicare/Medicaid	Facility Number	12655
LEONA HOUSE					
5000 NW OLD TRAIL ROAD		Telephone	(816) 584-1033	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-1946	Level of Care	ALF**	Bed Capacity	7
Mailing Address 5000 NW OLD TRA	IL ROAD	County	PLATTE	DMH Licensed	No
KANSAS CITY	MO 64151-1946	Region 4		Facility Number	24748
DDIMBOCE DETIDEMENT COMM	TIMITEN OF IZANICAC CUEN				
PRIMROSE RETIREMENT COMM 8559 NORTH LINE CREEK PARKWA		Tolonhono	(016) 460 9393	Alahoimon'a Unit	No
KANSAS CITY		Telephone Level of Care	(816) 468-8282 ALF**	Alzheimer's Unit Bed Capacity	No 40
Mailing Address 8559 NORTH LINE	MO 64154-2100	County		DMH Licensed	No
KANSAS CITY	MO 64154-2100	Region 4	PLATTE	Facility Number	29020
KANSAS CITT	WO 04134-2100	Region 4		racinty Number	29020
RIVERSIDE NURSING & REHABII	LITATION CENTER, LLC				
4700 NW CLIFFVIEW DRIVE		Telephone	(816) 741-5105	Alzheimer's Unit	Yes
RIVERSIDE	MO 64150-1237	Level of Care	SNF	<b>Bed Capacity</b>	180
Mailing Address 4700 NW CLIFFVIE	W DR	County	PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-1237	Region 4	Medicare/Medicaid	Facility Number	01532
WEVEODD DI ACE ACCICTED I IV	ING AND MEMORY SUPPORT BY SE	NIOD CTAD			
6460 NORTH COSBY AVENUE	ING AND MEMORI SUPPORT BY SE		(816) 587 5400	Alzheimer's Unit	Yes
KANSAS CITY	MO 64151-2377	Telephone Level of Care	(816) 587-5400 ALF**	Bed Capacity	90
Mailing Address 6460 NORTH COSB		County	PLATTE	DMH Licensed	90 No
KANSAS CITY	MO 64151-2377	Region 4	ILAIIE	Facility Number	28861
MINDAD CIT I	1410 04131-2377	Region 4		racinty Number	20001
WINDEMERE RESIDENTIAL CAR	E				
3100 NORTH WEST VIVION ROAD		Telephone	(816) 741-0753	Alzheimer's Unit	No
RIVERSIDE	MO 64150-9436	Level of Care	RCF	<b>Bed Capacity</b>	65
Mailing Address 3100 NORTH WEST	Γ VIVION RD	County	PLATTE	DMH Licensed	No
RIVERSIDE	MO 64150-9436	Region 4		Facility Number	08668

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## **POLK**

ALBANY PLACE				
520 S ALBANY		<b>Telephone</b> (41	7) 777-8040 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-2116	Level of Care RC	F* Bed Capacity	16
Mailing Address PO BOX 176		County PO	LK DMH Licensed	Yes
BOLIVAR	MO 65613-0176	Region 1	<b>Facility Number</b>	24731
BIG SPRING CARE CENTER				
202 EAST MILL ST		Telephone (41	7) 754-8711 <b>Alzheimer's Unit</b>	No
HUMANSVILLE	MO 65674-8507	Level of Care SN	F Bed Capacity	60
Mailing Address 202 EAST MILL:	ST	County PO	LK DMH Licensed	No
HUMANSVILLE	MO 65674-8507	Region 1 Medie	care/Medicaid Facility Number	18672
BLUE CASTLE OF THE OZARK	S			
1830 E LAVERNE ST		Telephone (41	7) 777-2583 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-1488	Level of Care RC	F* Bed Capacity	30
Mailing Address 1830 E LAVERN	E ST	County PO	LK DMH Licensed	Yes
BOLIVAR	MO 65613-1488	Region 1	Facility Number	24698
BOLIVAR MANOR HOUSE				
404 EAST BROADWAY		<b>Telephone</b> (41	7) 326-7873 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-2019	Level of Care RC	F* Bed Capacity	20
Mailing Address PO BOX 175		County PO	LK DMH Licensed	Yes
BOLIVAR	MO 65613-0175	Region 1	Facility Number	04529
BUTTERFIELD RESIDENTIAL	CARE CENTER			
1120 NORTH BUTTERFIELD ROA	vD	<b>Telephone</b> (41	7) 326-5200 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-1000	Level of Care RC	F Bed Capacity	24
Mailing Address 1120 N BUTTER	FIELD RD	County PO	LK DMH Licensed	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number	14436
BUTTERFIELD RESIDENTIAL				
1120 NORTH BUTTERFIELD ROA	'D	<b>Telephone</b> (41	7) 326-5200 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-1000	Level of Care RC	F* Bed Capacity	66
Mailing Address 1120 N BUTTER	FIELD RD	County PO	LK DMH Licensed	No
BOLIVAR	MO 65613-1000	Region 1	Facility Number	14436
CASABLANCA CARE CENTER				
524 SOUTH ALBANY		• '	7) 777-7247 Alzheimer's Unit	No
BOLIVAR	MO 65613-2116	Level of Care RC		11
Mailing Address PO BOX 970		•	LK DMH Licensed	Yes
BOLIVAR	MO 65613-0970	Region 1	Facility Number	21150
CITIZENS MEMORIAL HEALT	H CARE FACILITY			
1218 W LOCUST STREET		-	7) 326-7648 <b>Alzheimer's Unit</b>	No
BOLIVAR	MO 65613-1312	Level of Care SN		111
Mailing Address PO BOX 590		•	LK DMH Licensed	No
BOLIVAR	MO 65613-0590	Region 1 Medic	care/Medicaid Facility Number	00710
LAKESHORES RESIDENTIAL O	CARE FACILITY			
102 SOUTH BOLIVAR ROAD		-	7) 754-2272 <b>Alzheimer's Unit</b>	No
HUMANSVILLE	MO 65674-8553	Level of Care RC	• •	30
Mailing Address PO BOX 221		•	LK DMH Licensed	Yes
HUMANSVILLE	MO 65674-0221	Region 1	Facility Number	15309

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NORTHWOOD HILLS CARE CENT 800 NORTH ARTHUR STREET	î <b>ER</b>	<b>Telephone</b> (417) 754-2208	Alzheimer's Unit	Yes
HUMANSVILLE	MO 65674-8655	Telephone (417) 754-2208 Level of Care SNF		120
Mailing Address PO BOX 187	WO 03074-8033	County POLK	DMH Licensed	No
HUMANSVILLE	MO 65674-0187	Region 1 Medicare/Medicaid		)607
		110000101110110110110110110110110110110		
PARKVIEW HEALTH CARE FACIL	LITY	W. 1. 1. (447) 22 4 22 22 2		
119 WEST FOREST		<b>Telephone</b> (417) 326-3000		Yes
BOLIVAR	MO 65613-1316	Level of Care SNF	Bed Capacity	78
Mailing Address 119 WEST FOREST	NO 65612 1216	County POLK	DMH Licensed	No
BOLIVAR	MO 65613-1316	Region 1 Medicare/Medicaid	Facility Number 17	7638
PLANTATION MANOR				
342 EAST BROADWAY		<b>Telephone</b> (417) 777-2844	Alzheimer's Unit	No
BOLIVAR	MO 65613-1680	<b>Level of Care</b> RCF	Bed Capacity	16
Mailing Address 342 EAST BROADW	√AY	County POLK	DMH Licensed	Yes
BOLIVAR	MO 65613-1680	Region 1	Facility Number 19	9780
		PULASKI		
DIXON NURSING & REHAB 403 EAST 10TH ST		<b>Telephone</b> (573) 759-2135	Alzheimer's Unit	No
DIXON	MO 65459-6049	Telephone (573) 759-2135  Level of Care SNF		60
Mailing Address 403 EAST 10TH ST	MO 03439-0049	County PULASKI	Bed Capacity DMH Licensed	No
DIXON	MO 65459-6049	•		
DIAON	WO 03439-0049	Region 6 Medicare/Medicaid	racinty Number 13	5510
LIFE CARE CENTER OF WAYNES	VILLE			
700 BIRCH LANE		<b>Telephone</b> (573) 774-6456	Alzheimer's Unit	Yes
WAYNESVILLE	MO 65583-2275	Level of Care SNF	Bed Capacity	120
Mailing Address 700 BIRCH LN		County PULASKI	DMH Licensed	No
WAYNESVILLE	MO 65583-2275	Region 6 Medicare/Medicaid	Facility Number 04	1592
RICHLAND CARE CENTER, INC				
400 TRI-COUNTY LANE		<b>Telephone</b> (573) 765-3243	Alzheimer's Unit	No
RICHLAND	MO 65556-	Level of Care SNF	Bed Capacity	86
Mailing Address PO BOX 756		County PULASKI	DMH Licensed	No
RICHLAND	MO 65556-0756	Region 6 Medicare/Medicaid	Facility Number 08	3100
ROSEWOOD MANOR				
101 EAST PULASKI STREET		<b>Telephone</b> (573) 765-4200	Alzheimer's Unit	No
RICHLAND	MO 65556-7404	Level of Care RCF	Bed Capacity	12
Mailing Address 101 EAST PULASKI		County PULASKI	DMH Licensed	No
RICHLAND	MO 65556-7404	Region 6	Facility Number 26	5939
CHACET VII I ACE OF THE OZAD	VC INC			
SUNSET VILLAGE OF THE OZAR 14275 HIGHWAY Z	AS, INC	<b>Telephone</b> (573) 336-4322	Alzheimer's Unit	No
SAINT ROBERT	MO 65584-3255	Level of Care SNF	Bed Capacity	36
Mailing Address 14275 HWY Z	110 00007 0200	County PULASKI	DMH Licensed	No
SAINT ROBERT	MO 65584-3255	Region 6 Medicare/Medicaid		7849
SAMAT ROBERT	MO 03304 3233	<u> </u>	racinty (unificial)	047
		PUTNAM		
BRISTOL MANOR OF UNIONVILL	Æ			
715 NORTH 22ND ST, HWY 5 NORT	Н	<b>Telephone</b> (660) 947-2151	Alzheimer's Unit	No
UNIONVILLE	MO 63565-1142	Level of Care RCF	Bed Capacity	12
Mailing Address 715 NORTH 22ND S	T, HWY 5 NORTH	County PUTNAM	DMH Licensed	No
LIMIONVILLE	MO 62565 1142	D! 5	Engility Number 10	1152

**Facility Number** 

19153

MO 63565-1142

UNIONVILLE

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PUTNAM COUNTY CARE CENTER 1814 OAK STREET UNIONVILLE Mailing Address 1814 OAK ST UNIONVILLE  COUNTRY AIRE ESTATES, LLC 49303 RENSSELAER LANE HANNIBAL Mailing Address 49303 RENSSELAER	MO 63565-1275  MO 63565-1275  RAL  MO 63401-7356 LN	Telephone Level of Care County Region 5  LS  Telephone Level of Care County	(660) 947-2492 SNF PUTNAM Medicare/Medicaid (573) 221-5400 RCF* RALLS	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 06516 No 16 Yes
HANNIBAL  WESTVIEW NURSING HOME 301 WEST DUNLOP ST CENTER  Mailing Address 301 WEST DUNLOP S CENTER	MO 63401-7356 MO 63436-2267	Region 5  Telephone Level of Care County Region 5	(573) 267-3920 SNF RALLS Medicare/Medicaid	Facility Number  Alzheimer's Unit  Bed Capacity  DMH Licensed  Facility Number	14270 No 60 No 15634
CENTER	RANDO		Wieuicai e/Wieuicaiu	Tachity Ivalliber	13034
		<i>)</i> L1 11			
BROOK CHERITH ASSISTED LIVIN 104 EAST ELM STREET HUNTSVILLE Mailing Address 104 EAST ELM ST HUNTSVILLE	MO 65259-1111 MO 65259-1111	Telephone Level of Care County Region 5	(660) 277-4439 ALF RANDOLPH	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 38 Yes 10918
COATES STREET COMFORT HOUS	EE				
612 WEST COATES STREET MOBERLY Mailing Address PO BOX 781 MOBERLY	MO 65270-1319 MO 65270-0781	Telephone Level of Care County Region 5	(660) 263-6759 RCF <b>RANDOLPH</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 08220
MARK TWAIN ASSISTED LIVING, I 901 UNION AVENUE MOBERLY Mailing Address PO BOX 489 MOBERLY	MO 65270-2456 MO 65270-0489	Telephone Level of Care County Region 5	(660) 263-6515 ALF** RANDOLPH	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 42 No 16369
MEADOW RIDGE ESTATES ASSIST	ED LIVING				
521 MEADOW RIDGE LANE MOBERLY <b>Mailing Address</b> 521 MEADOW RIDGE MOBERLY	MO 65270-4550 E LANE MO 65270-4550	Telephone Level of Care County Region 5	(660) 263-0550 ALF** RANDOLPH	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 40 No 28019
MOBERLY NURSING & REHAB 700 EAST URBANDALE DRIVE MOBERLY Mailing Address 700 EAST URBANDA MOBERLY	MO 65270-1966 LE DR MO 65270-1966	Telephone Level of Care County Region 5	(660) 263-9060 SNF RANDOLPH Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 12523
NORTH VILLAGE PARK 2041 SILVA LANE MOBERLY Mailing Address 2041 SILVA LN MOBERLY	MO 65270-3658 MO 65270-3658	Telephone Level of Care County Region 5	(660) 263-1894 SNF RANDOLPH Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 184 No 06481

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RAVENWOOD TERRACE - ASSISTI	ED LIVING BY AMERICARE		(550) 252 0004		
1830 RAVENWOOD	MO 65250 2002	Telephone	(660) 263-8004	Alzheimer's Unit	No
MOBERLY	MO 65270-3002	Level of Care		Bed Capacity DMH Licensed	50
Mailing Address 1830 RAVENWOOD MOBERLY	MO 65270-3002	County	RANDOLPH	Facility Number	No 16411
WIOBERL I	WO 03270-3002	Region 5		racinty Number	10411
VALLEY VIEW HEALTH & REHAB	BILITATION				
1600 EAST ROLLINS		Telephone	(660) 263-6887	Alzheimer's Unit	No
MOBERLY	MO 65270-2478	Level of Care	SNF	Bed Capacity	96
Mailing Address PO BOX 370		County	RANDOLPH	DMH Licensed	No
MOBERLY	MO 65270-0370	Region 5	Medicare/Medicaid	Facility Number	13167
	RA	Y			
LAWSON MANOR & REHAB					
210 WEST 8TH TERRACE		Telephone	(816) 580-3269	Alzheimer's Unit	Yes
LAWSON	MO 64062-9357	Level of Care		Bed Capacity	60
Mailing Address 210 WEST 8TH TERM		County	RAY	DMH Licensed	No
LAWSON	MO 64062-9357	Region 4	Medicare/Medicaid	Facility Number	07395
		region	Wicarcar C/Wicarcara	Tuesday Tuesday	07373
OAK POINTE OF RICHMOND					
403 CRISPIN STREET		Telephone	(816) 776-3877	Alzheimer's Unit	YES
RICHMOND	MO 64085-1212	Level of Care	ALF**	Bed Capacity	50
Mailing Address 403 CRISPIN ST		County	RAY	DMH Licensed	No
RICHMOND	MO 64085-1212	Region 4		Facility Number	29711
SHIRKEY NURSING & REHABILIT	ATION CENTER				
804 WOLLARD BLVD		Telephone	(816) 776-5403	Alzheimer's Unit	Yes
RICHMOND	MO 64085-2227	Level of Care		Bed Capacity	187
Mailing Address 804 WOLLARD BLV		County	RAY	DMH Licensed	No
RICHMOND	MO 64085-2227	Region 4	Medicare/Medicaid	Facility Number	07289
	REYNO	OLDS			
BECKY'S PLACE RESIDENTIAL CA	ARE, LLC				
500 CULLER AVENUE	110 (0.50)	Telephone	(573) 689-1392	Alzheimer's Unit	No
BUNKER	MO 63629-	Level of Care		Bed Capacity	12
Mailing Address PO BOX 95	MO (2/20 0005	County	REYNOLDS	DMH Licensed	Yes
BUNKER	MO 63629-0095	Region 2		Facility Number	16882
BRENT B TINNIN MANOR					
220 EUEL POLK DRIVE		Telephone	(573) 663-2545	Alzheimer's Unit	No
ELLINGTON	MO 63638-7967	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 220 EUEL POLK DR		County	REYNOLDS	DMH Licensed	No
ELLINGTON	MO 63638-7967	Region 2	Medicare/Medicaid	Facility Number	08027
	RIPL	EY			
COLONIAL HOME THE					
COLONIAL HOME, THE 102 SUMMIT ST		Talanhana	(572) 006 4292	Alzheimer's Unit	No
DONIPHAN	MO 63935-1328	Telephone Level of Care	(573) 996-4283 ALF**	Bed Capacity	No 31
	1VIO 03733-1320	County	RIPLEY	DMH Licensed	No
Mailing Address 102 SHMMIT ST					ONT
Mailing Address 102 SUMMIT ST DONIPHAN	MO 63935-1328	·	KII LL I		01610
Mailing Address 102 SUMMIT ST DONIPHAN	MO 63935-1328	Region 2	KH EET	Facility Number	01610
· ·		·	KH EET		01610
DONIPHAN		Region 2 Telephone	(573) 996-4239		01610 Yes
DONIPHAN  CURRENT RIVER NURSING CENTY 1015 NORTH GRAND AVENUE DONIPHAN	ER, INC  MO 63935-1779	Region 2 Telephone Level of Care	(573) 996-4239 SNF	Facility Number  Alzheimer's Unit  Bed Capacity	Yes 120
DONIPHAN  CURRENT RIVER NURSING CENTER  1015 NORTH GRAND AVENUE	ER, INC  MO 63935-1779	Region 2 Telephone	(573) 996-4239	Facility Number  Alzheimer's Unit	Yes

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404 WALNUT STREET		Telephone	(373) 990-4310	Aizheimei s Unit	NO
DONIPHAN	MO 63935-1420	Level of Care	ALF	Bed Capacity	35
Mailing Address 404 WALNUT ST		County	RIPLEY	DMH Licensed	Yes
DONIPHAN	MO 63935-1420	Region 2		Facility Number	08354
	SAI	NT CHARLES			
ARBORS AT MOUNT CARMEL, T	не				
723 FIRST CAPITOL DRIVE		Telephone	(636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care	ALF**	<b>Bed Capacity</b>	30
Mailing Address 723 FIRST CAPITO	L DRIVE	County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5		Facility Number	29396
ASSISTED LIVING AT THE MEAL	OOWLANDS				
135 MEADOWLANDS ESTATES LA	NE	Telephone	(636) 978-3600	Alzheimer's Unit	Yes
O'FALLON	MO 63366-4591	Level of Care	ALF**	<b>Bed Capacity</b>	86
Mailing Address 135 MEADOWLAN	DS ESTATES LN	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63366-4591	Region 5		Facility Number	26475
BARATHAVEN ALZHEIMER'S SP	ECIAL CARE CENTER				
1030 BARATHAVEN DR		Telephone	(636) 329-9160	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-8606	Level of Care	ALF**	<b>Bed Capacity</b>	66
Mailing Address 1030 BARATHAVE	N DR	County	SAINT CHARLE	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-8606	Region 5		Facility Number	26902
BRISTOL MANOR OF WENTZVIL	LE				
840 WEST NORTHVIEW		Telephone	(636) 639-6777	Alzheimer's Unit	No
WENTZVILLE	MO 63385-1036	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 840 W NORTHVIEV	W	County	SAINT CHARLE	DMH Licensed	No
WENTZVILLE	MO 63385-1036	Region 5		Facility Number	20397
CAREGIVERS INN					
1297 FEISE ROAD		Telephone	(636) 240-7979	Alzheimer's Unit	Yes
DARDENNE PRAIRIE	MO 63368-6710	Level of Care	ALF**	Bed Capacity	30
Mailing Address 1297 FEISE RD		County	SAINT CHARLE	DMH Licensed	No
DARDENNE PRAIRIE	MO 63368-6710	Region 5		Facility Number	15342
CARRINGTON PLACE OF ST CHA	ARLES				
2150 WEST RANDOLPH STREET		Telephone	(636) 946-4966	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-0894	Level of Care	SNF	Bed Capacity	66
Mailing Address 2150 WEST RANDO	OLPH ST	County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-0894	Region 5	Medicare/Medicaid	Facility Number	06316
CARRINGTON PLACE OF ST CHA	ARLES				
2150 WEST RANDOLPH STREET		Telephone	(636) 946-4966	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63301-0894	Level of Care	ALF**	Bed Capacity	90
Mailing Address 2150 WEST RANDO		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-0894	Region 5		Facility Number	06316
CHARLEVOIX HEALTHCARE CE	NTER				
1221 BOONSLICK ROAD		Telephone	(636) 946-6140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2328	Level of Care	SNF	Bed Capacity	142
Mailing Address 1221 BOONSLICK		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-2328	Region 5	Medicare/Medicaid	Facility Number	01266

(573) 996-4316

Telephone

Alzheimer's Unit

No

WALNUT STREET ASSISTED LIVING

404 WALNUT STREET

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CHESTNUT GLENN - ASSISTED LI	IVING BY AMERICARE				
121 KLONDIKE CROSSING		Telephone	(636) 928-4200	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-5394	Level of Care		Bed Capacity	68
Mailing Address 121 KLONDIKE CRO		County	SAINT CHARLE	DMH Licensed	No
SAINT PETERS	MO 63376-5394	Region 5		Facility Number	25446
DELMAR GARDENS OF O'FALLO	N				
7068 SOUTH OUTER 364		Telephone	(636) 240-6100	Alzheimer's Unit	Yes
O'FALLON	MO 63368-7757	Level of Care	SNF	Bed Capacity	240
Mailing Address 7068 SOUTH OUTE	R 364	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5	Medicare/Medicaid	Facility Number	24291
		8		·	
FRONTIER HEALTH & REHABILI	TATION				
2840 WEST CLAY		Telephone	(636) 946-6100	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2536	Level of Care		Bed Capacity	180
Mailing Address 2840 WEST CLAY		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-2536	Region 5	Medicare/Medicaid	Facility Number	01521
GARDEN VIEW CARE CENTER					
700 GARDEN PATH		Telephone	(636) 240-2840	Alzheimer's Unit	Yes
O'FALLON	MO 63366-3052	Level of Care	` '	Bed Capacity	120
Mailing Address 700 GARDEN PATH		County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63366-3052	Region 5	Medicare/Medicaid	Facility Number	13963
OTTELOT	MO 03300 3032	Region 5	Wieulcai e/ivieulcaiu	racinty rumber	13703
GARDEN VILLAS OF O'FALLON					
7092 SOUTH OUTER 364 ROAD		Telephone	(636) 240-5560	Alzheimer's Unit	No
O'FALLON	MO 63368-7757	Level of Care	ALF	<b>Bed Capacity</b>	65
Mailing Address 7092 SOUTH OUTE	R 364 ROAD	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63368-7757	Region 5		<b>Facility Number</b>	27793
WARNESTED DEGINERATE GARAGE					
HARVESTER RESIDENTIAL CARE	ž.	m. 1. 1.	(626) 020 2022		
35 LILLIAN DRIVE	MO (2204 7022	Telephone	(636) 939-3833	Alzheimer's Unit	No
SAINT CHARLES	MO 63304-7032	Level of Care		Bed Capacity	38
Mailing Address 35 LILLIAN DR	MO (2204 7022	County	SAINT CHARLE	DMH Licensed	Yes
SAINT CHARLES	MO 63304-7032	Region 5		Facility Number	03411
LAKE ST CHARLES ASSISTED LIV	VING APARTMENTS				
45 HONEY LOCUST LANE		Telephone	(636) 947-1100	Alzheimer's Unit	No
SAINT CHARLES	MO 63303-5711	Level of Care	` '	Bed Capacity	50
Mailing Address 45 HONEY LOCUST		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63303-5711	Region 5		Facility Number	18030
		8		•	
LUTHERAN SENIOR SERVICES A	T BREEZE PARK				
600 BREEZE PARK DRIVE		Telephone	(636) 939-5223	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63304-9139	Level of Care	SNF	Bed Capacity	81
Mailing Address 600 BREEZE PARK	DR	County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5	Medicare/Medicaid	Facility Number	20704
LUTHERAN SENIOR SERVICES A	T DDEEZE DA DV				
600 BREEZE PARK DRIVE	I DREEZE FARK	Tolonhono	(636) 030 5223	Alzhoimon's Unit	Yes
SAINT CHARLES	MO 63304-9139	Telephone Level of Care	(636) 939-5223 ALF**	Alzheimer's Unit Bed Capacity	23
Mailing Address 600 BREEZE PARK		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5	SAINI CHARLE	Facility Number	20704
DAMAI CHAMLEO	141O 0330 <del>4</del> -7137	region 2		racinty Number	20704
LUTHERAN SENIOR SERVICES A	T BREEZE PARK				
600 BREEZE PARK DRIVE		Telephone	(636) 939-5223	Alzheimer's Unit	No
SAINT CHARLES	MO 63304-9139	Level of Care	ALF	<b>Bed Capacity</b>	56
Mailing Address 600 BREEZE PARK	DR	County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63304-9139	Region 5		<b>Facility Number</b>	20704

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MOUNT CARMEL SENIOR LIVING	G - ST CHARLES, LLC				
723 FIRST CAPITOL DR		Telephone	(636) 946-4140	Alzheimer's Unit	No
SAINT CHARLES	MO 63301-2729	Level of Care		Bed Capacity	110
Mailing Address 723 FIRST CAPITOL		County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63301-2729	Region 5	Medicare/Medicaid	Facility Number	07560
NHC HEALTHCARE, ST CHARLES	S				
35 SUGAR MAPLE LANE		Telephone	(636) 946-8887	Alzheimer's Unit	Yes
SAINT CHARLES	MO 63303-5740	Level of Care	SNF	Bed Capacity	120
Mailing Address 35 SUGAR MAPLE	LN	County	SAINT CHARLE	DMH Licensed	No
SAINT CHARLES	MO 63303-5740	Region 5	Medicare/Medicaid	Facility Number	07503
		· ·		·	
PARK PLACE					
2004 BOARDWALK PLACE DR		Telephone	(636) 561-7275	Alzheimer's Unit	Yes
O'FALLON	MO 63368-3900	Level of Care	ALF**	Bed Capacity	44
Mailing Address 2000 BOARDWALK	PLACE DR	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63368-3900	Region 5		Facility Number	25379
DADE DI ACE II					
PARK PLACE II 2000 BOARDWALK PLACE DRIVE		Telephone	(636) 561-7275	Alzheimer's Unit	No
O'FALLON	MO 63368-3901	Level of Care	` '		80
Mailing Address 2000 BOARDWALK			SAINT CHARLE	Bed Capacity DMH Licensed	No
O'FALLON	MO 63368-3901	County	SAINI CHARLE	Facility Number	
OTALLON	WO 03308-3901	Region 5		Facility Number	29016
PARKLANE CARE AND REHABIL	ITATION CENTER				
401 MAR-LE DRIVE		Telephone	(636) 332-9580	Alzheimer's Unit	Yes
WENTZVILLE	MO 63385-1647	Level of Care	SNF	Bed Capacity	240
Mailing Address 401 MAR-LE DRIVE	3	County	SAINT CHARLE	DMH Licensed	No
WENTZVILLE	MO 63385-1647	Region 5	Medicare/Medicaid	<b>Facility Number</b>	04883
PATHWAYS PROGRAM, THE					
161 PIEPER ROAD		Tolombono			
		Telephone	(636) 978-3132	Alzheimer's Unit	No
O'FALLON	MO 63366-	Level of Care	ALF	<b>Bed Capacity</b>	18
O'FALLON <b>Mailing Address</b> PO BOX 815		Level of Care County	` '	Bed Capacity DMH Licensed	
O'FALLON	MO 63366- MO 63366-0815	Level of Care	ALF	<b>Bed Capacity</b>	18
O'FALLON <b>Mailing Address</b> PO BOX 815 O'FALLON	MO 63366-0815	Level of Care County	ALF	Bed Capacity DMH Licensed	18 Yes
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV	MO 63366-0815	Level of Care County Region 5	ALF SAINT CHARLE	Bed Capacity DMH Licensed Facility Number	18 Yes 10934
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV. 265 SPENCER ROAD	MO 63366-0815 ING BY AMERICARE	Level of Care County Region 5	ALF SAINT CHARLE (636) 441-6662	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	18 Yes 10934 No
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS	MO 63366-0815	Level of Care County Region 5  Telephone Level of Care	ALF SAINT CHARLE (636) 441-6662 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	18 Yes 10934 No 62
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD	MO 63366-0815  ING BY AMERICARE  MO 63376-2430	Level of Care County Region 5  Telephone Level of Care County	ALF SAINT CHARLE (636) 441-6662	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934 No 62 No
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS	MO 63366-0815 ING BY AMERICARE	Level of Care County Region 5  Telephone Level of Care	ALF SAINT CHARLE (636) 441-6662 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	18 Yes 10934 No 62
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430	Level of Care County Region 5  Telephone Level of Care County	ALF SAINT CHARLE (636) 441-6662 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934 No 62 No
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430	Level of Care County Region 5  Telephone Level of Care County	ALF SAINT CHARLE (636) 441-6662 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934 No 62 No
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTER	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430	Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE (636) 441-6662 ALF** SAINT CHARLE (636) 441-2750	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934 No 62 No 13294
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone	ALF SAINT CHARLE (636) 441-6662 ALF** SAINT CHARLE (636) 441-2750	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934 No 62 No 13294
O'FALLON Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	18 Yes 10934 No 62 No 13294 Yes 94
O'FALLON Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS Mailing Address 230 SPENCER RD SAINT PETERS	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934 No 62 No 13294 Yes 94 No
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV. 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934 No 62 No 13294 Yes 94 No 07613
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934  No 62 No 13294  Yes 94 No 07613
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	18 Yes 10934  No 62 No 13294  Yes 94 No 07613
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES  Mailing Address 618 HEMSATH RD	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIVE 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	18 Yes 10934  No 62 No 13294  Yes 94 No 07613
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES Mailing Address 618 HEMSATH RD SAINT CHARLES	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  CR  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919  MO 63303-5919	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES  Mailing Address 618 HEMSATH RD SAINT CHARLES  TWIN OAKS AT HERITAGE POINT	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  CR  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919  MO 63303-5919	Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid  (636) 947-7799 RCF SAINT CHARLE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes 08653
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES  Mailing Address 618 HEMSATH RD SAINT CHARLES  TWIN OAKS AT HERITAGE POINT 228 SAVANNAH TERRACE	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919  MO 63303-5919	Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid  (636) 947-7799 RCF SAINT CHARLE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes 08653
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES  Mailing Address 618 HEMSATH RD SAINT CHARLES  TWIN OAKS AT HERITAGE POINT 228 SAVANNAH TERRACE WENTZVILLE	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919  MO 63303-5919  TE  MO 63385-3741	Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid  (636) 947-7799 RCF SAINT CHARLE  (636) 542-5400 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes 08653
O'FALLON  Mailing Address PO BOX 815 O'FALLON  SPENCER PLACE - ASSISTED LIV 265 SPENCER ROAD SAINT PETERS  Mailing Address 265 SPENCER RD SAINT PETERS  ST PETERS MANOR CARE CENTE 230 SPENCER ROAD SAINT PETERS  Mailing Address 230 SPENCER RD SAINT PETERS  SUNSHINE HOME CARE - ST CHA 618 HEMSATH ROAD SAINT CHARLES  Mailing Address 618 HEMSATH RD SAINT CHARLES  TWIN OAKS AT HERITAGE POINT 228 SAVANNAH TERRACE	MO 63366-0815  ING BY AMERICARE  MO 63376-2430  MO 63376-2430  ER  MO 63376-2425  MO 63376-2425  RLES  MO 63303-5919  MO 63303-5919  TE  MO 63385-3741	Level of Care County Region 5  Telephone Level of Care County Region 5	ALF SAINT CHARLE  (636) 441-6662 ALF** SAINT CHARLE  (636) 441-2750 SNF SAINT CHARLE  Medicare/Medicaid  (636) 947-7799 RCF SAINT CHARLE	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	18 Yes 10934  No 62 No 13294  Yes 94 No 07613  No 27 Yes 08653

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

TWIN OAKS ESTATE, INC					
707 EMGE ROAD		Telephone	(636) 240-6152	Alzheimer's Unit	No
O'FALLON	MO 63366-2118	Level of Care	RCF*	Bed Capacity	149
Mailing Address 707 EMGE RD	110	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63366-2118	Region 5		Facility Number	08209
VILLA THERESA HAVEN					
206 NORTH MAIN STREET		Telephone	(636) 240-5754	Alzheimer's Unit	No
O'FALLON	MO 63366-2299	Level of Care	SNF	Bed Capacity	50
Mailing Address 206 NORTH MAIN	STREET	County	SAINT CHARLE	DMH Licensed	No
O'FALLON	MO 63366-2299	Region 5 N	Medicare/Medicaid	Facility Number	27367
VILLAGE CENTER CARE OF WE	NTZVILLE				
909 E PITMAN AVE	1.0	Telephone	(636)2193114	Alzheimer's Unit	No
WENTZVILLE	MO 63385-1818	Level of Care	ALF**	Bed Capacity	22
Mailing Address 909 E PITMAN AVE		County	SAINT CHARLE	DMH Licensed	No
WENTZVILLE	MO 63385-1818	Region 5		Facility Number	28026
VILLAGES OF ST PETERS, THE					
5400 EXECUTIVE CENTRE PKWY		Telephone	(636) 922-7600	Alzheimer's Unit	Yes
SAINT PETERS	MO 63376-2594	Level of Care	SNF	Bed Capacity	130
Mailing Address 5400 EXECUTIVE 0	CENTRE PKWY	County	SAINT CHARLE	DMH Licensed	No
SAINT PETERS	MO 63376-2594	Region 5 M	Medicare/Medicaid	<b>Facility Number</b>	26014
WILL A CEC OF SEPTEMBERS WITH					
VILLAGES OF ST PETERS, THE		Tolonhono	(626) 022 7600	Alahaiman'a Unit	No
5400 EXECUTIVE CENTRE PKWY SAINT PETERS	MO 63376-2594	Telephone Level of Care	(636) 922-7600 ALF**	Alzheimer's Unit Bed Capacity	No 62
Mailing Address 5400 EXECUTIVE (		County	SAINT CHARLE	DMH Licensed	No
Maning Address 5400 EXECUTIVE C	CLIVIKL I KW I	County	SAINT CHARLE	Divili Liccuscu	110
SAINT PETERS	MO 63376-2594	Region 5		Facility Number	26014
SAINT PETERS	MO 63376-2594	Region 5		Facility Number	26014
SAINT PETERS		Region 5 SAINT CLAIR		Facility Number	26014
				Facility Number	26014
APPLETON CITY MANOR		SAINT CLAIR	(660) 476-2128		
			(660) 476-2128 SNF	Facility Number  Alzheimer's Unit Bed Capacity	26014 No 60
APPLETON CITY MANOR 600 NORTH OHIO STREET	S	SAINT CLAIR  Telephone	` '	Alzheimer's Unit	No
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY	S	Telephone Level of Care County	SNF	Alzheimer's Unit Bed Capacity	No 60
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY	MO 64724-1609	Telephone Level of Care County	SNF SAINT CLAIR	Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES	MO 64724-1609	Telephone Level of Care County Region 1	SNF SAINT CLAIR Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO	MO 64724-1609 MO 64724-0098	Telephone Level of Care County Region 1 N	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY	MO 64724-1609	Telephone Level of Care County Region 1 M Telephone Level of Care	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 60 No 01637
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98	MO 64724-1609 MO 64724-0098 MO 64724-1625	Telephone Level of Care County Region 1 M Telephone Level of Care County	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 01637 No 24 No
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY	MO 64724-1609 MO 64724-0098	Telephone Level of Care County Region 1 M Telephone Level of Care	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 60 No 01637
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98	MO 64724-1609 MO 64724-0098 MO 64724-1625	Telephone Level of Care County Region 1 M Telephone Level of Care County	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 01637 No 24 No
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY	MO 64724-1609 MO 64724-0098 MO 64724-1625	Telephone Level of Care County Region 1 M Telephone Level of Care County	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 01637 No 24 No
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC	MO 64724-1609 MO 64724-0098 MO 64724-1625	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637 No 24 No 15005
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET	MO 64724-1609 MO 64724-0098 MO 64724-1625 MO 64724-0098	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637 No 24 No 15005
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET LOWRY CITY	MO 64724-1609 MO 64724-0098 MO 64724-1625 MO 64724-0098	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR  (417) 644-2248 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 60 No 01637 No 24 No 15005
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET LOWRY CITY Mailing Address PO BOX 415	MO 64724-1609 MO 64724-0098 MO 64724-1625 MO 64724-0098 MO 64763-9671 MO 64763-0415	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR  (417) 644-2248 SNF SAINT CLAIR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 01637 No 24 No 15005
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET LOWRY CITY Mailing Address PO BOX 415	MO 64724-1609 MO 64724-0098 MO 64724-1625 MO 64724-0098 MO 64763-9671 MO 64763-0415	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR  (417) 644-2248 SNF SAINT CLAIR	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 60 No 01637 No 24 No 15005
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APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET LOWRY CITY Mailing Address PO BOX 415 LOWRY CITY ANNA DODSON HOME	MO 64724-1609 MO 64724-0098 MO 64724-1625 MO 64724-0098 MO 64763-9671 MO 64763-0415	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1 M  INT FRANCOIS	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR  (417) 644-2248 SNF SAINT CLAIR  Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637 No 24 No 15005 No 120 No 08140
APPLETON CITY MANOR 600 NORTH OHIO STREET APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY  COUNTRYSIDE ESTATES 500 NORTH OHIO APPLETON CITY Mailing Address PO BOX 98 APPLETON CITY TRUMAN LAKE MANOR, INC 600 EAST 7TH STREET LOWRY CITY Mailing Address PO BOX 415 LOWRY CITY ANNA DODSON HOME 4616 HIGHWAY D	MO 64724-1609 MO 64724-0098  MO 64724-1625 MO 64724-0098  MO 64763-9671 MO 64763-0415	Telephone Level of Care County Region 1 M  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1 M  INT FRANCOIS	SNF SAINT CLAIR Medicare/Medicaid  (660) 476-2128 RCF* SAINT CLAIR  (417) 644-2248 SNF SAINT CLAIR Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 60 No 01637 No 24 No 15005 No 120 No 08140

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ANNA DODSON HOME					
4616 HIGHWAY D		Telephone	(573) 756-5530	Alzheimer's Unit	No
FARMINGTON	MO 63640-7241	Level of Care	RCF	Bed Capacity	17
Mailing Address 4616 HWY D		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-7241	Region 2		Facility Number	02160
ANNS PLACE					
351 KEITH ST		Telephone	(573) 518-0444	Alzheimer's Unit	No
PARK HILLS	MO 63601-2049	Level of Care	RCF	<b>Bed Capacity</b>	10
Mailing Address PO BOX 481		County	SAINT FRANCOI	DMH Licensed	Yes
PARK HILLS	MO 63601-0481	Region 2		Facility Number	17813
ASHBROOK - ASSISTED LIVING B	BY AMERICARE				
500 ASHBROOK DRIVE		Telephone	(573) 756-5544	Alzheimer's Unit	No
FARMINGTON	MO 63640-9235	Level of Care	ALF**	<b>Bed Capacity</b>	71
Mailing Address 500 ASHBROOK DR	3	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-9235	Region 2		Facility Number	18138
BAILEY STREET RESIDENTIAL C	CARE				
102 BAILEY ST		Telephone	(573) 756-6374	Alzheimer's Unit	No
FARMINGTON	MO 63640-1819	Level of Care	RCF	<b>Bed Capacity</b>	12
Mailing Address 102 BAILEY ST		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-1819	Region 2		Facility Number	00256
BAYLESS BOARDING HOME					
3719 SAND CREEK ROAD		Telephone	(573) 747-0889	Alzheimer's Unit	No
FARMINGTON	MO 63640-7349	Level of Care	RCF	Bed Capacity	12
Mailing Address 3719 SAND CREEK		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-7349	Region 2		Facility Number	17300
BROOKSIDE MANOR RESIDENTIA	AL CARE, LLC				
2434 HIGHWAY H		Telephone	(573) 756-6434	Alzheimer's Unit	No
FARMINGTON	MO 63640-7033	Level of Care	RCF*	<b>Bed Capacity</b>	20
Mailing Address 2434 HWY H		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-7033	Region 2		Facility Number	20034
CAMELOT NURSING AND REHAB	BILITATION CENTER				
705 GRAND CANYON DRIVE		Telephone	(573) 756-8911	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-2161	Level of Care	SNF	Bed Capacity	97
Mailing Address 705 GRAND CANYO		County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-2161	Region 2	Medicare/Medicaid	Facility Number	00978
CARRIAGE MANOR CARE CENTE	ER				
508 NORTH WASHINGTON STREET		Telephone	(573) 756-8140	Alzheimer's Unit	No
FARMINGTON	MO 63640-1756	Level of Care	RCF*	Bed Capacity	20
Mailing Address PO BOX 675	NO 62640 0675	County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2		Facility Number	07824
COLONIAL RESIDENTIAL CARE I	FACILITY II				
1162 CEDAR STREET		Telephone	(573) 734-2846	Alzheimer's Unit	No
BISMARCK	MO 63624-8920	Level of Care	RCF*	Bed Capacity	48
Mailing Address PO BOX 727	MO 62624 0727	County	SAINT FRANCOI	DMH Licensed	Yes
BISMARCK	MO 63624-0727	Region 2		Facility Number	01693
COLUMBIA STREET MANOR					
208 WEST COLUMBIA STREET		Telephone	(573) 756-7481	Alzheimer's Unit	No
FARMINGTON	MO 63640-1705	Level of Care	RCF	Bed Capacity	16
Mailing Address PO BOX 675	MO 63640 0675	County  Region 2	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2		Facility Number	01729

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COMMUNITY MANOR 783 WEBER ROAD		Tolonhono	(572) 756 9009	Alahoimon'a Unit	No
FARMINGTON	MO 63640-3318	Telephone Level of Care	(573) 756-8998 SNF	Alzheimer's Unit Bed Capacity	No 90
Mailing Address 783 WEBER RD	WO 03040-3316	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-3318	Region 2	Medicare/Medicaid	Facility Number	13887
Thum (Gron)	110 03010 3310	Region 2	Wiculcai C/Wiculcaiu	rucinty rumber	13007
COUNTRY MEADOWS					
1301 N ST JOE DRIVE		Telephone	(573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care	SNF	Bed Capacity	72
Mailing Address 1301 N ST JOE DR		County	SAINT FRANCOI	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2	Medicare/Medicaid	Facility Number	14443
COUNTRY MEADOWS					
1301 N ST JOE DRIVE		Telephone	(573) 431-2889	Alzheimer's Unit	No
PARK HILLS	MO 63601-1965	Level of Care	ALF	Bed Capacity	15
Mailing Address 1301 N ST JOE DR		County	SAINT FRANCOI	DMH Licensed	No
PARK HILLS	MO 63601-1965	Region 2		Facility Number	14443
CD AWEODD DANGE DO ADDING	YOUR II G				
CRAWFORD RANCH BOARDING I	HOME, LLC	Talambana	(572) 756 4656	A 1-1	No
2200 VARVERA ROAD DOE RUN	MO 63637-3121	Telephone	(573) 756-4656 RCF*	Alzheimer's Unit	No 32
Mailing Address 2200 VARVERA RD		Level of Care	SAINT FRANCOI	Bed Capacity DMH Licensed	Yes
DOE RUN	MO 63637-3121	County Region 2	SAINT FRANCUI	Facility Number	13193
DOL KON	WO 03037-3121	Region 2		racinty Number	13193
FARMINGTON MANOR					
2879 US HIGHWAY 67		Telephone	(573) 756-7566	Alzheimer's Unit	No
FARMINGTON	MO 63640-9168	Level of Care	ALF	Bed Capacity	20
Mailing Address 2879 US HWY 67		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-9168	Region 2		Facility Number	15140
FARMINGTON MANOR					
2879 US HIGHWAY 67		Telephone	(573) 756-7566	Alzheimer's Unit	No
FARMINGTON	MO 63640-9168	Level of Care	` '	Bed Capacity	50
Mailing Address 2879 US HWY 67		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-9168	Region 2		Facility Number	15140
FARMINGTON PRESBYTERIAN M	IANOR	m. 1 1	(572) 754 (740)	A1 1	37
500 CAYCE STREET FARMINGTON	MO (2640 2010	Telephone	(573) 756-6768	Alzheimer's Unit	Yes
	MO 63640-2910	Level of Care		Bed Capacity DMH Licensed	90 No
Mailing Address 500 CAYCE STREET FARMINGTON	MO 63640-2910	County Region 2	SAINT FRANCOI Medicare/Medicaid	Facility Number	No 06181
TAKMINGTON	WIO 03040-2710	Region 2	Wiedical e/Wiedicald	racinty Number	00161
FARMINGTON PRESBYTERIAN M	IANOR				
500 CAYCE STREET		Telephone	(573) 756-6768	Alzheimer's Unit	No
FARMINGTON	MO 63640-2910	Level of Care	RCF	Bed Capacity	60
Mailing Address 500 CAYCE STREET	Γ	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2		Facility Number	06181
FARMINGTON PRESBYTERIAN M	IANOR				
500 CAYCE STREET		Telephone	(573) 756-6768	Alzheimer's Unit	No
FARMINGTON	MO 63640-2910	Level of Care		Bed Capacity	60
Mailing Address 500 CAYCE STREET	Γ	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-2910	Region 2		Facility Number	06181
CDEATED HEIGHTS DOE 11 C					
GREATER HEIGHTS RCF, LLC 600 NORTH FRONT STREET		Telephone	(573) 431-0344	Alzheimer's Unit	No
PARK HILLS	MO 63601-3804	Level of Care	` '	Bed Capacity	40
Mailing Address PO BOX 603	05001 5004	County	SAINT FRANCOI	DMH Licensed	Yes
PARK HILLS	MO 63601-0603	Region 2		Facility Number	07181
		Bioii -		,	0,101

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GREEN ACRES RESIDENTIAL CA	RE FACILITY, LLC				
3688 SAND CREEK ROAD		Telephone	(573) 756-2917	Alzheimer's Unit	No
FARMINGTON	MO 63640-7350	Level of Care	RCF	Bed Capacity	12
Mailing Address 3688 SAND CREEK		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-7350	Region 2		Facility Number	17289
HARRIS MANOR CARE CENTER					
401 SOUTH HENRY		Telephone	(573) 756-5376	Alzheimer's Unit	No
FARMINGTON	MO 63640-1823	Level of Care	RCF*	Bed Capacity	37
Mailing Address PO BOX 675		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-0675	Region 2		Facility Number	02256
MAPLE RIDGE RESIDENTIAL CA	RE				
1034 DORIS DRIVE		Telephone	(573) 760-0155	Alzheimer's Unit	No
FARMINGTON	MO 63640-1954	Level of Care	RCF*	Bed Capacity	20
Mailing Address 1034 DORIS DR	3.00 (0.00 10.71	County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-1954	Region 2		Facility Number	19808
MAPLEBROOK-ASSISTED LIVING	BY AMERICARE				
520 MAPLE VALLEY DR	, 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Telephone	(573) 756-2777	Alzheimer's Unit	Yes
FARMINGTON	MO 63640-1981	Level of Care	ALF**	Bed Capacity	46
Mailing Address 520 MAPLE VALLE		County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-1981	Region 2		Facility Number	28635
				•	
NEW HORIZONS RCF II					
5858 BUSIEK ROAD		Telephone	(573) 756-2426	Alzheimer's Unit	No
FARMINGTON	MO 63640-7325	Level of Care	ALF	Bed Capacity	15
Mailing Address PO BOX 510		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-0510	Region 2		Facility Number	14868
NHC HEALTHCARE, DESLOGE					
801 BRIM STREET		Telephone	(573) 431-0223	Alzheimer's Unit	Yes
DESLOGE	MO 63601-3441	Level of Care	SNF	Bed Capacity	120
Mailing Address PO BOX AA	110 03001 3111	County	SAINT FRANCOI	DMH Licensed	No
DESLOGE	MO 63601-0568	Region 2	Medicare/Medicaid	Facility Number	02143
		8	1,10010010,1110010011		
PEACH RESIDENTIAL CARE FAC	ILITY, INC				
301 WATTS STREET		Telephone	(573) 431-4874	Alzheimer's Unit	No
PARK HILLS	MO 63601-1839	Level of Care	RCF*	Bed Capacity	16
Mailing Address 301 WATTS ST		County	SAINT FRANCOI	DMH Licensed	Yes
PARK HILLS	MO 63601-1839	Region 2		Facility Number	06579
PINE VALLEY					
3381 1st STREET		Telephone	(573) 760-8601	Alzheimer's Unit	No
DOE RUN	MO 63637-3155	Level of Care	RCF	Bed Capacity	12
Mailing Address PO BOX 237	WO 03037-3133	County	SAINT FRANCOI	DMH Licensed	Yes
DOE RUN	MO 63637-0237	Region 2	SAINT FRANCOI	Facility Number	08379
DOL KUN	WO 03037-0237	Region 2		racinty Number	00319
SOUTHBROOK - SKILLED NURSI	NG BY AMERICARE				
1108 WEST LIBERTY		Telephone	(573) 756-6658	Alzheimer's Unit	No
FARMINGTON	MO 63640-1922	Level of Care	SNF	<b>Bed Capacity</b>	104
Mailing Address 1108 WEST LIBERT	Y	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-1922	Region 2	Medicare/Medicaid	<b>Facility Number</b>	02577
OT ED LUGGES STANCE					
ST FRANCOIS MANOR		T-1	(572) 740 1700	Aller Control	3.7
1180 OLD JACKSON ROAD	MO 62640 2429	Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON  Mailing Address 1180 OLD LACKSON	MO 63640-3428	Level of Care	RCF	Bed Capacity	11 Vac
Mailing Address 1180 OLD JACKSON		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2		Facility Number	21512

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ST FRANCOIS MANOR			/		
1180 OLD JACKSON ROAD	MO 52540 2420	Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care	RCF*	Bed Capacity	29
Mailing Address 1180 OLD JACKSO		County	SAINT FRANCOI	DMH Licensed	Yes
FARMINGTON	MO 63640-3428	Region 2		Facility Number	21512
ST FRANCOIS MANOR					
1180 OLD JACKSON ROAD		Telephone	(573) 760-1700	Alzheimer's Unit	No
FARMINGTON	MO 63640-3428	Level of Care	SNF	<b>Bed Capacity</b>	118
Mailing Address 1180 OLD JACKSO	ON RD	County	SAINT FRANCOI	DMH Licensed	No
FARMINGTON	MO 63640-3428	Region 2	Medicare/Medicaid	Facility Number	21512
ST JOE MANOR					
10 LAKE DRIVE		Telephone	(573) 358-2800	Alzheimer's Unit	Yes
BONNE TERRE	MO 63628-1820	Level of Care	SNF	Bed Capacity	136
Mailing Address 10 LAKE DR		County	SAINT FRANCOI	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2	Medicare/Medicaid	Facility Number	22664
		110g.v.n	1/10/11/01/01/01/01/01/01/01/01/01/01/01	•	
ST JOE MANOR					
10 LAKE DRIVE		Telephone	(573) 358-2800	Alzheimer's Unit	No
BONNE TERRE	MO 63628-1820	Level of Care	ALF	Bed Capacity	92
Mailing Address 10 LAKE DR		County	SAINT FRANCOI	DMH Licensed	No
BONNE TERRE	MO 63628-1820	Region 2		Facility Number	22664
	SAIN	T LOUIS CITY			
AVING HEALTH CADE INC					
AKINS HEALTH CARE, INC 4432 WEST BELLE PL		Telephone	(314) 652-8908	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2617	Level of Care	RCF	Bed Capacity	20
Mailing Address 4432 WEST BELLI		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2617	Region 7	SAINT LOUIS CI	Facility Number	00078
SAMAT ECOLO	100 03100 2017	Region /		racinty runner	00078
ALEXIAN BROTHERS LANSDOV	VNE VILLAGE				
4624 LANSDOWNE AVENUE		Telephone	(314) 351-6888	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63116-1523	Level of Care	SNF	Bed Capacity	145
Mailing Address 4624 LANSDOWN	E AVENUE	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63116-1523	Region 7	Medicare/Medicaid	Facility Number	14557
ALLWAYS KARE RESIDENTIAL	FACILITY. INC				
5076 WATERMAN		Telephone	(314) 367-9516	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-1102	Level of Care	RCF	Bed Capacity	20
Mailing Address #7 BEVERLY PL		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63112-3205	Region 7		Facility Number	05212
ARMANINA T ELCIEZENDO E SENSORES SE	IODEWELL DEGIDENMENT CO.	DE EACH 1037			
AMANDA LUCKETT MURPHY H	OPEWELL RESIDENTIAL CAI		(214) 261 4050	Alahaiman'a Unit	No
5117 WATERMAN BLVD SAINT LOUIS	MO 63108-1103	Telephone	(314) 361-4059	Alzheimer's Unit	No 12
		Level of Care	RCF	Bed Capacity	
Mailing Address 5117 WATERMAN		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63108-1103	Region 7		Facility Number	10664
AVALON GARDEN					
4359 TAFT AVENUE		Telephone	(314) 752-2022	Alzheimer's Unit	No
SAINT LOUIS	MO 63116-1533	Level of Care	SNF	<b>Bed Capacity</b>	77
Mailing Address 4359 TAFT AVE		County	SAINT LOUIS CI	DMH Licensed	No
CAINTLOUIC	MO 62116 1522			Eagility Number	00011

Medicare/Medicaid

**Facility Number** 

00244

MO 63116-1533

SAINT LOUIS

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BEAUVAIS MANOR HEALTHCARE & REHAB CENTER		
3625 MAGNOLIA AVENUE	• ′	Alzheimer's Unit Yes
SAINT LOUIS MO 63110-4048		sed Capacity 184
Mailing Address 3625 MAGNOLIA AVE	•	MH Licensed No
SAINT LOUIS MO 63110-4048	Region 7 Medicare/Medicaid F	Cacility Number 09528
BENEDICT JOSEPH LABRE CENTER		
3863 CLEVELAND	<b>Telephone</b> (314) 664-3927 <b>A</b>	Alzheimer's Unit No
SAINT LOUIS MO 63110-4009		sed Capacity 15
Mailing Address 3863 CLEVELAND		OMH Licensed Yes
SAINT LOUIS MO 63110-4009	•	Cacility Number 21163
		•
BERNARD CARE CENTER		
4335 WEST PINE BLVD	• , ,	Alzheimer's Unit No
SAINT LOUIS MO 63108-2205	Level of Care SNF B	sed Capacity 141
Mailing Address 4335 WEST PINE BLVD	County SAINT LOUIS CI	OMH Licensed No
SAINT LOUIS MO 63108-2205	Region 7 Medicare/Medicaid F	Cacility Number 00436
CALAGONANOR		
CALAIS MANOR	(214) 560 0060	11 · · · · · · · · · · · · · · · · · ·
1225 TENNANT RD	• '	Alzheimer's Unit Yes
SAINT LOUIS MO 63146-5523		sed Capacity 44
Mailing Address 1225 TENNANT RD	·	OMH Licensed No
SAINT LOUIS MO 63146-5523	Region 7	Cacility Number 27755
CARONDELET RETIREMENT MANOR		
6811 MICHIGAN	<b>Telephone</b> (314) 353-9552 <b>A</b>	Alzheimer's Unit No
SAINT LOUIS MO 63111-2834	_	sed Capacity 33
Mailing Address 6811 MICHIGAN		OMH Licensed Yes
SAINT LOUIS MO 63111-2834	•	Cacility Number 01058
START EGGES	Region /	denity (dinser 01030
CARRIE ELLIGSON GIETNER HOME		
5000 SOUTH BROADWAY	<b>Telephone</b> (314) 752-0000 A	lzheimer's Unit No
SAINT LOUIS MO 63111-2015	Level of Care SNF B	sed Capacity 130
Mailing Address 5000 S BROADWAY	County SAINT LOUIS CI	MH Licensed No
SAINT LOUIS MO 63111-2015	Region 7 Medicare/Medicaid F	Cacility Number 02877
CENTRAL RESIDENCE, THE		
5143 WATERMAN BLVD	•	Alzheimer's Unit No
SAINT LOUIS MO 63108-1103		sed Capacity 41
Mailing Address 5143 WATERMAN BLVD	•	OMH Licensed Yes
SAINT LOUIS MO 63108-1103	Region 7	Cacility Number 02785
CHEROKEE RESIDENTIAL CARE ACQUISITION, LLC		
3409 MISSOURI AVE	<b>Telephone</b> (314) 771-8360 <b>A</b>	Alzheimer's Unit No
SAINT LOUIS MO 63118-3236	_	sed Capacity 30
Mailing Address 3409 MISSOURI AVE		OMH Licensed Yes
SAINT LOUIS MO 63118-3236	•	Cacility Number 14047
SARVI LOGIS MO 03110-3230	Region /	active runiber
COOPER HOUSE		
4385 MARYLAND AVENUE	<b>Telephone</b> (314) 535-1919 <b>A</b>	Alzheimer's Unit No
SAINT LOUIS MO 63108-2703	Level of Care RCF* B	sed Capacity 36
Mailing Address 4385 MARYLAND AVE		OMH Licensed Yes
SAINT LOUIS MO 63108-2703	Region 7	Cacility Number 21439
	~	
DELHAVEN MANOR		
5460 DELMAR BLVD	• ′	Alzheimer's Unit No
SAINT LOUIS MO 63112-3104		sed Capacity 156
Mailing Address 5460 DELMAR BLVD	County SAINT LOUIS CI	MH Licensed No
SAINT LOUIS MO 63112-3104	Region 7 Medicare/Medicaid F	Cacility Number 02089

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DUDOUDC HOUSE					
DUBOURG HOUSE 5890 EICHELBERGER STREET		Telephone	(314) 752-1901	Alzheimer's Unit	No
SAINT LOUIS	MO 63109-3454	Level of Care		Bed Capacity	69
Mailing Address 5890 EICHELBERGE		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63109-3454	Region 7	SAINT LOUIS CI	Facility Number	12349
SARVI LOOIS	1410 03107-3434	Region 7		racinty Number	12349
DUTCHTOWN CARE CENTER					
3421 GASCONADE ST		Telephone	(314) 832-4700	Alzheimer's Unit	No
SAINT LOUIS	MO 63118-4201	Level of Care	SNF	Bed Capacity	120
Mailing Address 3421 GASCONADE S	ST	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63118-4201	Region 7	Medicare/Medicaid	Facility Number	21455
GARRISON CARE CENTER					
2939 MAGAZINE AVENUE		Telephone	(314) 531-0500	Alzheimer's Unit	No
SAINT LOUIS	MO 63106-1245	Level of Care		Bed Capacity	90
Mailing Address 2939 MAGAZINE AV		County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63106-1245	Region 7	Medicare/Medicaid	Facility Number	15258
GRAND MANOR NURSING & REHA	ARII ITATION CENTER				
3645 COOK AVENUE	ADILITATION CENTER	Telephone	(314) 531-2352	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-3801	Level of Care		Bed Capacity	120
	WIO 03113-3601		SAINT LOUIS CI	DMH Licensed	No
Mailing Address 3645 COOK AVE SAINT LOUIS	MO 63113-3801	County			
SAINT LOUIS	MO 03113-3801	Region 7	Medicare/Medicaid	Facility Number	13324
HILLSIDE MANOR HEALTHCARE	AND REHAB CENTER				
1265 MCLARAN AVENUE		Telephone	(314) 388-4121	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63147-1606	Level of Care	SNF	Bed Capacity	208
Mailing Address 1265 MCLARAN AV	Е	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63147-1606	Region 7	Medicare/Medicaid	Facility Number	04687
		riogrom .	7,700,700,700,700,700	•	0.007
HOLLY HILLS RETIREMENT HOM	<b>1</b> Ε				
6421 MINNESOTA		Telephone	(314) 351-0767	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2808	Level of Care	RCF*	Bed Capacity	15
Mailing Address 6421 MINNESOTA		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63111-2808	Region 7		Facility Number	03678
************					
KASEY PAIGE ASSISTED LIVING			(24.1) = 0.4.0202		
3715 JAMIESON AVE		Telephone	(314) 781-0222	Alzheimer's Unit	No
SAINT LOUIS	MO 63109-1109	Level of Care		Bed Capacity	111
Mailing Address 3715 JAMIESON AVI		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63109-1109	Region 7		Facility Number	04650
LIFE CARE CENTER OF SAINT LO	THE				
3520 CHOUTEAU AVENUE		Telephone	(314) 771-2100	Alzheimer's Unit	No
SAINT LOUIS	MO 63103-2916	Level of Care		Bed Capacity	100
Mailing Address 3520 CHOUTEAU AV		County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63103-2916	•		Facility Number	
SAINT LOUIS	WIO 03103-2910	Region 7	Medicare/Medicaid	Facility Number	19823
LINDELL MANOR					
4336 LINDELL BLVD		Telephone	(314) 652-4828	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2702	Level of Care	RCF*	Bed Capacity	24
Mailing Address PO BOX 525		County	SAINT LOUIS CI	DMH Licensed	Yes
CUBA	MO 65453-	Region 7		Facility Number	10470
		<b>9</b> ·		·	
LITTLE SISTERS OF THE POOR					
3225 NORTH FLORISSANT AVENUE		Telephone	(314) 421-6022	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-3521	Level of Care	ICF	Bed Capacity	67
Mailing Address 3225 N FLORISSANT	ΓAVE	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63107-3521	Region 7	Medicaid	Facility Number	04563

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MARY RYDER HOME					
4361 OLIVE ST		Telephone	(314) 531-2981	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2621	Level of Care	RCF*	Bed Capacity	80
Mailing Address 4361 OLIVE ST		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2621	Region 7		Facility Number	20972
MS B'S BLESSINGS					
4739 COTE BRILLIANTE AVENUE		Telephone	(314) 533-1922	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1813	Level of Care	RCF	<b>Bed Capacity</b>	6
Mailing Address 4739 COTE BRILLIA	ANTE AVE	County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63113-1813	Region 7		Facility Number	10889
NEWSTEAD PLACE					
19 NORTH NEWSTEAD		Telephone	(314) 286-4510	Alzheimer's Unit	No
SAINT LOUIS	MO 63108-2260	Level of Care	RCF*	Bed Capacity	20
Mailing Address 19 N NEWSTEAD		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63108-2260	Region 7		Facility Number	19169
NORTHVIEW VILLAGE					
2415 NORTH KINGSHIGHWAY		Telephone	(314) 361-1300	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-1109	Level of Care	SNF	<b>Bed Capacity</b>	310
Mailing Address 2415 N KINGSHWY	•	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63113-1109	Region 7	Medicare/Medicaid	Facility Number	08058
OAK PARK CARE CENTER					
6637 BERTHOLD AVE		Telephone	(314) 781-3444	Alzheimer's Unit	No
SAINT LOUIS	MO 63139-3318	Level of Care	SNF	Bed Capacity	120
Mailing Address 6637 BERTHOLD A	VE	County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63139-3318	Region 7	Medicare/Medicaid	Facility Number	05914
OASIS RESIDENTIAL FACILITY					
3508 PRAIRIE AVENUE		Telephone	(314) 534-3355	Alzheimer's Unit	No
SAINT LOUIS	MO 63107-2214	Level of Care	RCF*	Bed Capacity	20
Mailing Address 3508 PRAIRIE AVE		County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63107-2214	Region 7		Facility Number	15415
PROVISION LIVING AT ST LOUIS	HILLS				
6543 CHIPPEWA ST		Telephone	(314) 647-6600	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63109-4100	Level of Care	ALF**	Bed Capacity	210
Mailing Address 6543 CHIPPEWA ST		County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63109-4100	Region 7		Facility Number	07594
PROVISION OF PROMISE					
4528 NORTH MARKET ST		Telephone	(314) 535-5509	Alzheimer's Unit	No
SAINT LOUIS	MO 63113-2113	Level of Care	RCF	Bed Capacity	20
Mailing Address 4528 NORTH MARK	ET ST	County	SAINT LOUIS CI	DMH Licensed	Yes
SAINT LOUIS	MO 63113-2113	Region 7		Facility Number	17937
RIVERVIEW, THE					
5500 SOUTH BROADWAY		Telephone	(314) 353-5900	Alzheimer's Unit	No
SAINT LOUIS	MO 63111-2025	Level of Care	SNF	<b>Bed Capacity</b>	130
Mailing Address 5500 S BROADWAY		County	SAINT LOUIS CI	DMH Licensed	No
SAINT LOUIS	MO 63111-2025	Region 7	Medicare/Medicaid	Facility Number	02273
RIVERVIEW, THE					
5500 SOUTH BROADWAY		m	(214) 252 5000	A1 1	No
		Telephone	(314) 353-5900	Alzheimer's Unit	
SAINT LOUIS	MO 63111-2025	Level of Care	RCF*	Bed Capacity	11
SAINT LOUIS  Mailing Address 5500 S BROADWAY  SAINT LOUIS		-			

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ROSATI GROUP HOME		
4218 NORTH GRAND BLVD	<b>Telephone</b> (314) 534-6624	Alzheimer's Unit No
SAINT LOUIS MO 63107-1806	Level of Care RCF	<b>Bed Capacity</b> 16
Mailing Address 4218 N GRAND BLVD	County SAINT LOUIS CI	DMH Licensed Yes
SAINT LOUIS MO 63107-1806	Region 7	Facility Number 21218
DOVAL OAR MUDGING AND DEHAD		
ROYAL OAK NURSING AND REHAB 4960 LACLEDE AVENUE	<b>Telephone</b> (314) 361-6240	Alzheimer's Unit No
SAINT LOUIS MO 63108-1404	Level of Care SNF	Bed Capacity 168
Mailing Address 4960 LACLEDE AVE	County SAINT LOUIS CI	DMH Licensed No
SAINT LOUIS MO 63108-1404	Region 7 Medicare/Medicaid	Facility Number 06322
SADDLER RESIDENTIAL CARE FACILITY II		
730 HODIAMONT AVE	<b>Telephone</b> (314) 725-3709	Alzheimer's Unit No
SAINT LOUIS MO 63112-2002	Level of Care ALF	Bed Capacity 20
Mailing Address 730 HODIAMONT AVE	County SAINT LOUIS CI	DMH Licensed Yes
SAINT LOUIS MO 63112-2002	Region 7	Facility Number 16828
SILVER SPUR		
3300 TEXAS AVENUE	<b>Telephone</b> (314) 773-3408	Alzheimer's Unit No
SAINT LOUIS MO 63118-3111	Level of Care ALF	Bed Capacity 34
Mailing Address 3300 TEXAS AVE	County SAINT LOUIS CI	DMH Licensed Yes
SAINT LOUIS MO 63118-3111	Region 7	Facility Number 00185
SMILEY MANOR		
5415 THEKLA AVE	<b>Telephone</b> (314) 932-1360	Alzheimer's Unit No
SAINT LOUIS MO 63120-2513	Level of Care RCF	Bed Capacity 20
Mailing Address 5415 THEKLA AVE	County SAINT LOUIS CI	DMH Licensed No
SAINT LOUIS MO 63120-2513	Region 7	Facility Number 04078
1.10 00120 2010	Tegion /	Tuesday 1 values 2
SPRING MANOR		
3610 PALM STREET	<b>Telephone</b> (314) 533-3111	Alzheimer's Unit No
SAINT LOUIS MO 63107-2505	Level of Care ALF**	<b>Bed Capacity</b> 94
Mailing Address 2931 N SPRING AVE	County SAINT LOUIS CI	<b>DMH Licensed</b> Yes
SAINT LOUIS MO 63107-2306	Region 7	Facility Number 28552
ST ELIZABETH HALL		
325 NORTH NEWSTEAD AVE	<b>Telephone</b> (314) 652-9525	Alzheimer's Unit No
SAINT LOUIS MO 63108-2707	Level of Care ALF	<b>Bed Capacity</b> 50
Mailing Address 325 N. NEWSTEAD AVE	County SAINT LOUIS CI	DMH Licensed Yes
SAINT LOUIS MO 63108-2707	Region 7	Facility Number 07516
ST LOUIS ALTENHEIM		
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit No
SAINT LOUIS MO 63111-2023	Level of Care SNF	Bed Capacity 24
Mailing Address 5408 SOUTH BROADWAY	County SAINT LOUIS CI	DMH Licensed No
SAINT LOUIS MO 63111-2023	Region 7 Medicaid	Facility Number 07585
	region · Medicard	
ST LOUIS ALTENHEIM		
5408 SOUTH BROADWAY	<b>Telephone</b> (314) 353-7225	Alzheimer's Unit No
SAINT LOUIS MO 63111-2023	Level of Care ICF	Bed Capacity 24
Mailing Address 5408 S BROADWAY	County SAINT LOUIS CI	DMH Licensed No
SAINT LOUIS MO 63111-2023	Region 7	Facility Number 07585
UNION MANOR RESIDENTIAL CARE FACILITY		
2711 NORTH UNION BLVD	<b>Telephone</b> (314) 383-7310	Alzheimer's Unit No
SAINT LOUIS MO 63113-1003	Level of Care RCF*	<b>Bed Capacity</b> 50
Mailing Address 2711 UNION BLVD	County SAINT LOUIS CI	<b>DMH Licensed</b> Yes
SAINT LOUIS MO 63113-1003	Region 7	Facility Number 11002

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WEST PINE GROUP HOME  4232 WEST PINE BLVD  SAINT LOUIS MO 63108-2840  Mailing Address 4232 WEST PINE BLVD  SAINT LOUIS MO 63108-2840  WILBAR BOARDING HOME  4337 MARYLAND AVE  SAINT LOUIS MO 63108-2703  Mailing Address 4337 MARYLAND AVE  SAINT LOUIS MO 63108-2703	Level of Care RCF E County SAINT LOUIS CI I Region 7 I  Telephone (314) 535-2141 A Level of Care RCF* E County SAINT LOUIS CI I	Alzheimer's Unit No Bed Capacity 9 DMH Licensed Yes Facility Number 05948  Alzheimer's Unit No Bed Capacity 49 DMH Licensed Yes Facility Number 08561				
SAINT LOUIS COUNTY						
ABERDEEN HEIGHTS 505 COUCH AVENUE KIRKWOOD MO 63122-5536 Mailing Address 505 COUCH AVENUE KIRKWOOD MO 63122-5536	Level of Care ALF** E County SAINT LOUIS C	Alzheimer's Unit No Bed Capacity 36 DMH Licensed No Facility Number 27570				
ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD MO 63122-5536 Mailing Address 505 COUCH AVE KIRKWOOD MO 63122-5536	Level of Care ICF E County SAINT LOUIS C I	Alzheimer's Unit  Bed Capacity  16  DMH Licensed  No Facility Number  27570				
ABERDEEN HEIGHTS 505 COUCH AVE KIRKWOOD MO 63122-5536 Mailing Address 505 COUCH AVENUE KIRKWOOD MO 63122-5536	Level of Care SNF E	Alzheimer's Unit No Bed Capacity 38 DMH Licensed No Facility Number 27570				
ACKERT PARK SKILLED CARE COMMUNITY  894 LELAND AVENUE  UNIVERSITY CITY  MO 63130-3239  Mailing Address 894 LELAND AVE  UNIVERSITY CITY  MO 63130-3239	Level of Care SNF E	Alzheimer's Unit No Bed Capacity 130 DMH Licensed No Facility Number 02100				
ALEXIAN BROTHERS SHERBROOKE VILLAGE 4005 RIPA AVENUE SAINT LOUIS Mo 63125-2378 Mailing Address 4005 RIPA AVENUE SAINT LOUIS MO 63125-2378	Level of Care ALF** F County SAINT LOUIS C I	Alzheimer's Unit No Bed Capacity 88 DMH Licensed No Facility Number 15436				
ALEXIAN BROTHERS SHERBROOKE VILLAGE 4005 RIPA AVENUE SAINT LOUIS MO 63125-2378 Mailing Address 4005 RIPA AVE SAINT LOUIS MO 63125-2378	Level of Care SNF E	Alzheimer's Unit Bed Capacity  DMH Licensed No Facility Number  15436				
APERION CARE HIDDEN LAKE  11728 HIDDEN LAKE DRIVE  SAINT LOUIS MO 63138-1757  Mailing Address 11728 HIDDEN LAKE DR  SAINT LOUIS MO 63138-1757	Level of Care ALF E	Alzheimer's Unit No Bed Capacity 42 DMH Licensed No Facility Number 18442				

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APERION CARE HIDDEN LAKE					
11728 HIDDEN LAKE DRIVE		Telephone	(314) 355-8833	Alzheimer's Unit	No
SAINT LOUIS	MO 63138-1757	Level of Care	` '	Bed Capacity	67
Mailing Address 11728 HIDDEN LAK		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63138-1757	Region 7	Medicare/Medicaid	Facility Number	18442
		g		•	
APERION CARE HIDDEN LAKE					
11728 HIDDEN LAKE DRIVE		Telephone	(314) 355-8833	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63138-1757	Level of Care		Bed Capacity	34
Mailing Address 11728 HIDDEN LAK		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63138-1757	Region 7		Facility Number	18442
APPLEGATE RETIREMENT HOM	E				
1204 TELEGRAPH ROAD		Telephone	(314) 631-2003	Alzheimer's Unit	No
SAINT LOUIS	MO 63125-2528	Level of Care	RCF*	<b>Bed Capacity</b>	38
Mailing Address 1204 TELEGRAPH I	ROAD	County	SAINT LOUIS C	DMH Licensed	Yes
SAINT LOUIS	MO 63125-2528	Region 7		Facility Number	14409
ARBOR HEALTH, LLC					
1004 PENNSYLVANIA AVE		Telephone	(314) 240-5613	Alzheimer's Unit	No
UNIVERSITY CITY	MO 63130-2325	Level of Care		Bed Capacity	45
Mailing Address 1004 PENNSYLVAN		County	SAINT LOUIS C	DMH Licensed	Yes
UNIVERSITY CITY	MO 63130-2325	Region 7	BILLY LOUIS C	Facility Number	11784
CTA, BADIT I CIT I		Region /		Tuellity Tulliper	11704
ASSISTED LIVING AT CHARLESS	VILLAGE				
5943 TELEGRAPH ROAD		Telephone	(314) 846-2002	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-4715	Level of Care	ALF**	Bed Capacity	18
Mailing Address 5943 TELEGRAPH F		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63129-4715	Region 7		Facility Number	05586
AUTUMN VIEW GARDENS					
16219 AUTUMN VIEW TERRACE DE	RIVE	Telephone	(636) 458-5225	Alzheimer's Unit	No
ELLISVILLE	MO 63011-4743	Level of Care		Bed Capacity	150
Mailing Address 16219 AUTUMN VII	EW TERRACE DR	County	SAINT LOUIS C	DMH Licensed	No
ELLISVILLE	MO 63011-4743	Region 7		Facility Number	20751
A MENTAL OF MARKET CO.	WINTER DO A D				
AUTUMN VIEW GARDENS AT SCI 11210 SCHUETZ ROAD	HUETZ ROAD	Talaabaaa	(214) 002 0000	Alzheimer's Unit	NI-
SAINT LOUIS	MO 62146 4022	Telephone Level of Care	(314) 993-9888 ALF**		No
Mailing Address 11210 SCHUETZ RE	MO 63146-4933	County	SAINT LOUIS C	Bed Capacity DMH Licensed	100 No
SAINT LOUIS	MO 63146-4933	Region 7	SAINT LOUIS C	Facility Number	22909
Statt Eook	WO 03140 4733	Region /		racinty Number	22909
BALLWIN RIDGE HEALTH & REF	HABILITATION				
1441 CHARIC DRIVE		Telephone	(636) 394-2522	Alzheimer's Unit	No
WILDWOOD	MO 63021-2001	Level of Care	SNF	Bed Capacity	66
Mailing Address 1441 CHARIC DRIV	Έ	County	SAINT LOUIS C	DMH Licensed	No
WILDWOOD	MO 63021-2001	Region 7	Medicare/Medicaid	Facility Number	17887
BARNES-JEWISH EXTENDED CAI	RE				
401 CORPORATE PARK DRIVE		Telephone	(314) 725-7447	Alzheimer's Unit	No
SAINT LOUIS	MO 63105-4201	Level of Care		Bed Capacity	120
Mailing Address 401 CORPORATE P.	ARK DR	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63105-4201	Region 7	Medicare/Medicaid	Facility Number	15878
PEL L PROME AND A :	CINC O DELL'S				
BELLEFONTAINE GARDENS NUR	SING & REHAB	Tolomberer	(214) 200 0707	Alahoiment-TI-4	NT.
9500 BELLEFONTAINE ROAD	MO 63137 1226	Telephone Level of Care	(314) 388-0796 SNF	Alzheimer's Unit	No 96
SAINT LOUIS  Mailing Address 9500 BELLEFONTA	MO 63137-1336 INF RD	County	SAINT LOUIS C	Bed Capacity DMH Licensed	96 No
SAINT LOUIS	MO 63137-1336	Region 7	Medicare/Medicaid	Facility Number	02598
DAMII LOUID	1.10 03137 1330	region /	wicultal C/Micultaid	racinty number	04378

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BENTLEYS EXTENDED CARE		
3060 ASHBY ROAD	Telephone (314) 426-0433 Alzheimer's Unit	No
OVERLAND MO 63114-1342		72
Mailing Address 3060 ASHBY ROAD		No
OVERLAND MO 63114-1342	Region 7 Medicare/Medicaid Facility Number 226	
5 ( BALLER )	Region / Prediction/Prediction 2 demogrammer 220	13
BENTWOOD NURSING & REHAB		
1501 CHARBONIER ROAD	Telephone (314) 921-2700 Alzheimer's Unit	No
FLORISSANT MO 63031-5308		76
Mailing Address 1501 CHARBONIER RD		No
FLORISSANT MO 63031-5308	Region 7 Medicare/Medicaid Facility Number 148	17
BETHESDA DILWORTH		
9645 BIG BEND BLVD	Telephone (314) 968-5460 Alzheimer's Unit Y	l'es
SAINT LOUIS MO 63122-6521		100
Mailing Address 9645 BIG BEND BLVD	• •	No
SAINT LOUIS MO 63122-6521	Region 7 Medicare/Medicaid Facility Number 005	
BETHESDA MEADOW		
322 OLD STATE ROAD	,	l'es
ELLISVILLE MO 63021-5917		210
Mailing Address 322 OLD STATE RD		No
ELLISVILLE MO 63021-5917	Region 7 Medicare/Medicaid Facility Number 152	.26
BETHESDA SOUTHGATE		
5943 TELEGRAPH ROAD	Telephone (314) 846-2000 Alzheimer's Unit Y	l'es
SAINT LOUIS MO 63129-4715		92
Mailing Address 5943 TELEGRAPH RD		No
SAINT LOUIS MO 63129-4715	Region 7 Medicare/Medicaid Facility Number 055	86
	·	
BIG BEND WOODS HEALTHCARE CENTER		
110 HIGHLAND AVE	• ` '	No
VALLEY PARK MO 63088-1422	• •	35
Mailing Address 110 HIGHLAND AVE	•	No
VALLEY PARK MO 63088-1422	<b>Region</b> 7 <b>Medicare/Medicaid Facility Number</b> 011	70
BOARDING INN, THE		
9444 MIDLAND BLVD	Telephone (314) 426-0091 Alzheimer's Unit	No
OVERLAND MO 63114-3328	Level of Care RCF Bed Capacity	40
Mailing Address 9444 MIDLAND BLVD	County SAINT LOUIS C DMH Licensed Y	l'es
OVERLAND MO 63114-3328	Region 7 Facility Number 007	00
	Region / Tacinty Number 00/	09
	Region / Pacinty Number 007	09
BRENTMOOR RETIREMENT COMMUNITY		
8600 DELMAR BLVD	Telephone (314) 995-3811 Alzheimer's Unit	No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity	No 36
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 <b>Mailing Address</b> 8600 DELMAR BLVD	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed	No 36 No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity	No 36 No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 <b>Mailing Address</b> 8600 DELMAR BLVD	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed	No 36 No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199	No 36 No
8600 DELMAR BLVD SAINT LOUIS Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit	No 36 No 968
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1	No 36 No 968 No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1	No 36 No 068 No 02
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973 Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269 Mailing Address 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed	No 36 No 068 No 02
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  Mailing Address 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  BROOKDALE CREVE COEUR	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1 County SAINT LOUIS C DMH Licensed Region 7 Facility Number 278	No 36 No 068 No 02 No
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  Mailing Address 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  BROOKDALE CREVE COEUR ONE NEW BALLAS PLACE	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1 County SAINT LOUIS C DMH Licensed Region 7 Facility Number 278  Telephone (314) 432-5200 Alzheimer's Unit	No 36 No 068 No 02 No 326
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  Mailing Address 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  BROOKDALE CREVE COEUR ONE NEW BALLAS PLACE CREVE COEUR MO 63146-8700	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1 County SAINT LOUIS C DMH Licensed Region 7 Facility Number 278  Telephone (314) 432-5200 Alzheimer's Unit Level of Care ALF** Bed Capacity	No 36 No 668 No 02 No 326
8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  Mailing Address 8600 DELMAR BLVD SAINT LOUIS MO 63124-1973  BRIDGE AT FLORISSANT, THE 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  Mailing Address 1101 GARDEN PLAZA DRIVE FLORISSANT MO 63033-2269  BROOKDALE CREVE COEUR ONE NEW BALLAS PLACE	Telephone (314) 995-3811 Alzheimer's Unit Level of Care ALF** Bed Capacity County SAINT LOUIS C DMH Licensed Region 7 Facility Number 199  Telephone (314) 831-0988 Alzheimer's Unit Level of Care ALF** Bed Capacity 1 County SAINT LOUIS C DMH Licensed Region 7 Facility Number 278  Telephone (314) 432-5200 Alzheimer's Unit Level of Care ALF** Bed Capacity	No 36 No 068 No 02 No 326

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BROOKDALE WEST COUNTY		
785 HENRY AVENUE	<b>Telephone</b> (636) 527-5700	Alzheimer's Unit Yes
BALLWIN MO 63011-2736	Level of Care ALF**	<b>Bed Capacity</b> 98
Mailing Address 785 HENRY AVENUE	County SAINT LOUIS C	DMH Licensed No
BALLWIN MO 63011-2736	Region 7	Facility Number 28149
BROOKING PARK		
307 SOUTH WOODS MILL ROAD	<b>Telephone</b> (314) 576-5545	Alzheimer's Unit Yes
CHESTERFIELD MO 63017-3418	Level of Care ALF**	Bed Capacity 100
Mailing Address 307 SOUTH WOODS MILL RD	County SAINT LOUIS C	DMH Licensed No
CHESTERFIELD MO 63017-3418	Region 7	Facility Number 14661
		•
BROOKING PARK		
307 SOUTH WOODS MILL ROAD	<b>Telephone</b> (314) 576-5545	Alzheimer's Unit No
CHESTERFIELD MO 63017-3418	Level of Care SNF	Bed Capacity 97
Mailing Address 307 SOUTH WOODS MILL RD	County SAINT LOUIS C	DMH Licensed No
CHESTERFIELD MO 63017-3418	Region 7 Medicare	Facility Number 14661
CAPE ALBEON		
3300 LAKE BEND DRIVE	<b>Telephone</b> (636) 861-3200	Alzheimer's Unit Yes
VALLEY PARK MO 63088-2524	Level of Care ALF**	Bed Capacity 100
Mailing Address 3300 LAKE BEND DR	County SAINT LOUIS C	DMH Licensed No
VALLEY PARK MO 63088-2524	Region 7	Facility Number 22838
CEDARS OF TOWN AND COUNTRY, LLC, THE		
13190 SOUTH OUTER 40 ROAD	<b>Telephone</b> (314) 434-3330	Alzheimer's Unit No
CHESTERFIELD MO 63017-5917	Level of Care RCF*	Bed Capacity 22
Mailing Address 13190 S OUTER 40 RD	County SAINT LOUIS C	DMH Licensed No
CHESTERFIELD MO 63017-5917	Region 7	Facility Number 03957
		•
CEDARS OF TOWN AND COUNTRY, LLC, THE		
13190 SOUTH OUTER 40 ROAD	<b>Telephone</b> (314) 434-3330	Alzheimer's Unit Yes
CHESTERFIELD MO 63017-5917	Level of Care SNF	Bed Capacity 230
Mailing Address 13190 S OUTER 40 RD	County SAINT LOUIS C	DMH Licensed No
CHESTERFIELD MO 63017-5917	Region 7 Medicare/Medicaid	Facility Number 03957
CHESTERFIELD VILLAS		
14901 N OUTER 40 ROAD	<b>Telephone</b> (636) 532-9296	Alzheimer's Unit No
CHESTERFIELD MO 63017-6034	Level of Care ALF	<b>Bed Capacity</b> 52
Mailing Address 14901 N OUTER 40 ROAD	County SAINT LOUIS C	DMH Licensed No
CHESTERFIELD MO 63017-6034	Region 7	Facility Number 29067
CHRISTIAN CARE HOME		
800 CHAMBERS ROAD	<b>Telephone</b> (314) 522-8100	Alzheimer's Unit No
FERGUSON MO 63135-2133	Level of Care SNF	Bed Capacity 150
Mailing Address 800 CHAMBERS RD	County SAINT LOUIS C	DMH Licensed No
FERGUSON MO 63135-2133	Region 7 Medicare/Medicaid	Facility Number 01435
	210g1011	
CHRISTIAN CARE HOME		
800 CHAMBERS ROAD	<b>Telephone</b> (314) 521-3915	Alzheimer's Unit No
FERGUSON MO 63135-2133	Level of Care RCF*	Bed Capacity 28
Mailing Address 800 CHAMBERS RD	County SAINT LOUIS C	DMH Licensed No
FERGUSON MO 63135-2133	Region 7	Facility Number 01435
COMMUNITY CARE CENTER OF LEMAY, INC		
9353 SOUTH BROADWAY	<b>Telephone</b> (314) 631-0540	Alzheimer's Unit No
SAINT LOUIS MO 63125-1600	Level of Care SNF	<b>Bed Capacity</b> 60
Mailing Address 9353 SOUTH BROADWAY	County SAINT LOUIS C	<b>DMH Licensed</b> No
SAINT LOUIS MO 63125-1600	Region 7 Medicare/Medicaid	Facility Number 01732

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CONVERGE HOME					
CONVERSE HOME 17025 OLD JAMESTOWN RD		Tolonhono	(214) 255 9041	Alzheimer's Unit	No
FLORISSANT	MO 63034-1414	Telephone Level of Care	(314) 355-8041 RCF	Bed Capacity	12
Mailing Address 17025 OLD JAMEST		County	SAINT LOUIS C	DMH Licensed	Yes
FLORISSANT	MO 63034-1414	Region 7	SAINT LOUIS C	Facility Number	01777
PLORISSANT	1410 03034-1414	Region /		racinty Number	01///
CRESTWOOD HEALTH CARE CEN	TER, LLC				
11400 MEHL AVENUE		Telephone	(314) 741-3525	Alzheimer's Unit	No
FLORISSANT	MO 63033-7204	Level of Care	SNF	<b>Bed Capacity</b>	150
Mailing Address 11400 MEHL AVE		County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63033-7204	Region 7	Medicare/Medicaid	<b>Facility Number</b>	14296
CREVE COEUR ASSISTED LIVING	AND MEMORY CARE	m 1 1	(214)007.4522		**
693 DECKER LANE	NO 62141 5125	Telephone	(314)997-4532	Alzheimer's Unit	Yes
CREVE COEUR	MO 63141-7127	Level of Care		Bed Capacity	110
Mailing Address 693 DECKER LANE	MO (2141 7107	County	SAINT LOUIS C	DMH Licensed	No
CREVE COEUR	MO 63141-7127	Region 7		Facility Number	29440
CREVE COEUR MANOR					
1127 TIMBER RUN DRIVE		Telephone	(314) 434-8361	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4482	Level of Care	SNF	Bed Capacity	149
Mailing Address 1127 TIMBER RUN I	DR	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63146-4482	Region 7	Medicare/Medicaid	Facility Number	02417
		S		·	
CRYSTAL CREEK HEALTH AND R	EHABILITATION CENTER				
250 NEW FLORISSANT ROAD SOUTI		Telephone	(314) 838-2211	Alzheimer's Unit	No
FLORISSANT	MO 63031-6716	Level of Care		Bed Capacity	158
Mailing Address 250 NEW FLORISSA		County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63031-6716	Region 7	Medicare/Medicaid	Facility Number	05782
DELMAR GARDENS NORTH					
4401 PARKER ROAD		Telephone	(314) 355-1516	Alzheimer's Unit	Yes
BLACK JACK	MO 63033-4266	Level of Care		Bed Capacity	240
Mailing Address 4401 PARKER RD		County	SAINT LOUIS C	DMH Licensed	No
BLACK JACK	MO 63033-4266	Region 7	Medicare/Medicaid	Facility Number	14093
				•	
DELMAR GARDENS OF CHESTER	FIELD				
14855 NORTH OUTER 40 ROAD		Telephone	(636) 532-0150	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-2026	Level of Care	SNF	Bed Capacity	237
Mailing Address 14855 NORTH OUTE	ER 40 RD	County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-2026	Region 7	Medicare/Medicaid	Facility Number	02111
DELMAR GARDENS OF CREVE CO	VETID				
850 COUNTRY MANOR LANE	JEUR .	Telephone	(314) 434-5900	Alzheimer's Unit	No
CREVE COEUR	MO 63141-6651	Level of Care		Bed Capacity	152
Mailing Address 850 COUNTRY MAN		County	SAINT LOUIS C	DMH Licensed	No
CREVE COEUR	MO 63141-6651	Region 7	Medicare/Medicaid	Facility Number	01830
CREVE COLOR	110 03111 0031	Region ,	Wiculcai C/Wiculcaid	racinty ranner	01030
DELMAR GARDENS OF MERAME	CVALLEY				
1 ARBOR TERRACE		Telephone	(636) 343-0016	Alzheimer's Unit	Yes
FENTON	MO 63026-3900	Level of Care	SNF	Bed Capacity	190
Mailing Address 1 ARBOR TERRACE		County	SAINT LOUIS C	DMH Licensed	No
FENTON	MO 63026-3900	Region 7	Medicare/Medicaid	Facility Number	13468
DEL MAD CADDENS ON THE COST	rni				
DELMAR GARDENS ON THE GREI 15197 CLAYTON ROAD	E1.◀	Telephone	(636) 304 7515	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-7048	Level of Care	(636) 394-7515 SNF	Bed Capacity	180
Mailing Address 15197 CLAYTON RE		County	SAINT LOUIS C	DMH Licensed	No
CHESTERSIEI D	MO 63017-7048	Pogion 7	Madiagra/Madiagid	Facility Number	01515

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Medicare/Medicaid

**Facility Number** 

01515

MO 63017-7048

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DEL MAD CADDENS SOUTH					
DELMAR GARDENS SOUTH 5300 BUTLER HILL ROAD		Telephone	(314) 842-0588	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63128-4152	Level of Care	SNF	Bed Capacity	250
Mailing Address 5300 BUTLER HILL		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63128-4152	Region 7	Medicare/Medicaid	Facility Number	12909
		Region	ivicaleur c/ivicaleura		12,0,
DELMAR GARDENS WEST					
13550 SOUTH OUTER 40 ROAD		Telephone	(314) 878-1330	Alzheimer's Unit	No
TOWN AND COUNTRY	MO 63017-5812	Level of Care	SNF	Bed Capacity	321
Mailing Address 13550 SOUTH OUTE		County	SAINT LOUIS C	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-5812	Region 7	Medicare/Medicaid	Facility Number	02120
DESMET RETIREMENT COMMUN	ITY				
1425 NORTH NEW FLORISSANT ROA	AD	Telephone	(314) 838-3811	Alzheimer's Unit	No
FLORISSANT	MO 63033-2154	Level of Care	RCF*	Bed Capacity	90
Mailing Address 1425 N NEW FLORI	SSANT RD	County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63033-2154	Region 7		Facility Number	20664
DOLAN DEGIDENELAL GADE GEN	TERG CONNAVALANOR				
DOLAN RESIDENTIAL CARE CEN' 12550 CONWAY ROAD	TERS - CONWAY MANOR	Talambana	(214) 576 2009	A 1_1 _ : T T : 4	Vas
CREVE COEUR	MO 63141-8613	Telephone Level of Care	(314) 576-3998 ALF**	Alzheimer's Unit	Yes 9
Mailing Address 12550 CONWAY RD			SAINT LOUIS C	Bed Capacity DMH Licensed	No
CREVE COEUR	MO 63141-8613	County Region 7	SAINT LOUIS C	Facility Number	22648
CREVE COLOR	WIO 03141-0013	Region /		racinty Number	22046
DOLAN RESIDENTIAL CARE CEN	TERS - FRONTIER MANOR				
11566 FRONTIER DR		Telephone	(314) 995-5331	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4873	Level of Care	ALF**	Bed Capacity	10
Mailing Address PO BOX 4082		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63006-4082	Region 7		Facility Number	25162
DOLAN RESIDENTIAL CARE CEN	TERS - VILLA MANOR				
11550 VILLA DORADO		Telephone	(314) 395-9401	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4246	Level of Care	ALF**		10
SAINT LOUIS		Level of Care	` ′	Bed Capacity DMH Licensed	
		-	ALF**	<b>Bed Capacity</b>	10
SAINT LOUIS  Mailing Address 11550 VILLA DORA SAINT LOUIS	DO	Level of Care County	ALF**	Bed Capacity DMH Licensed	10 No
SAINT LOUIS  Mailing Address 11550 VILLA DORA SAINT LOUIS  DUNN-DUNN HOUSE	DO	Level of Care County Region 7	ALF** SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number	10 No 25874
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE	DO MO 63146-4246	Level of Care County Region 7	ALF** SAINT LOUIS C (314) 869-2431	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	10 No 25874
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care	ALF** SAINT LOUIS C  (314) 869-2431 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	10 No 25874 No 10
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County	ALF** SAINT LOUIS C (314) 869-2431	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care	ALF** SAINT LOUIS C  (314) 869-2431 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	10 No 25874 No 10
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County	ALF** SAINT LOUIS C  (314) 869-2431 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County	ALF** SAINT LOUIS C  (314) 869-2431 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE	DO MO 63146-4246 MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE	MO 63146-4246  MO 63136-4020  MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON	MO 63146-4246  MO 63136-4020  MO 63136-4020	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	10 No 25874 No 10 Yes 14694
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON	MO 63146-4246  MO 63136-4020  MO 63136-4020  MO 63044-2508	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes 14694 No 54 No
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S AINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE	MO 63146-4246  MO 63136-4020  MO 63136-4020  MO 63044-2508	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 54 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR	MO 63146-4246  MO 63136-4020  MO 63136-4020  MO 63044-2508  MO 63044-2508	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S AINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR SAINT LOUIS	MO 63146-4246  MO 63136-4020  MO 63136-4020  MO 63044-2508	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR SAINT LOUIS  Mailing Address 2115 KAPPEL DR	MO 63146-4246  MO 63136-4020  MO 63044-2508  MO 63044-2508  MO 63136-4115	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C  (314) 867-7474 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes 14694 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S AINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR SAINT LOUIS	MO 63146-4246  MO 63136-4020  MO 63136-4020  MO 63044-2508  MO 63044-2508	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORAL SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR SAINT LOUIS  Mailing Address 2115 KAPPEL DR	MO 63146-4246  MO 63136-4020  MO 63044-2508  MO 63044-2508  MO 63136-4115	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C  (314) 867-7474 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	10 No 25874 No 10 Yes 14694 No 22316
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DRIVE SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DRIBRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DRIVE SAINT LOUIS  Mailing Address 2115 KAPPEL DRIVE SAINT LOUIS  Mailing Address 2115 KAPPEL DRIVE SAINT LOUIS  FIESER NURSING CENTER 404 MAIN STREET	MO 63136-4020  MO 63136-4020  MO 63044-2508  MO 63044-2508  MO 63136-4115  MO 63136-4115	Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C  (314) 867-7474 SNF SAINT LOUIS C  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316 No 94 No 05340
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DR SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DR BRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DR SAINT LOUIS  Mailing Address 2115 KAPPEL DR SAINT LOUIS  FIESER NURSING CENTER 404 MAIN STREET FENTON	MO 63146-4246  MO 63136-4020  MO 63044-2508  MO 63044-2508  MO 63136-4115	Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C  (314) 867-7474 SNF SAINT LOUIS C  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316 No 94 No 05340
SAINT LOUIS  Mailing Address 11550 VILLA DORA'S SAINT LOUIS  DUNN-DUNN HOUSE 2133 JANNETTE DRIVE SAINT LOUIS  Mailing Address 2133 JANNETTE DRIVE SAINT LOUIS  ELIZABETH HOUSE 12284 DE PAUL DRIVE BRIDGETON  Mailing Address 12284 DE PAUL DRIBRIDGETON  ESTATES OF ST LOUIS, LLC, THE 2115 KAPPEL DRIVE SAINT LOUIS  Mailing Address 2115 KAPPEL DRIVE SAINT LOUIS  Mailing Address 2115 KAPPEL DRIVE SAINT LOUIS  FIESER NURSING CENTER 404 MAIN STREET	MO 63136-4020  MO 63136-4020  MO 63044-2508  MO 63044-2508  MO 63136-4115  MO 63136-4115	Level of Care County Region 7  Telephone Level of Care County Region 7	ALF** SAINT LOUIS C  (314) 869-2431 RCF SAINT LOUIS C  (314) 209-8814 SNF SAINT LOUIS C  (314) 867-7474 SNF SAINT LOUIS C  Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	10 No 25874 No 10 Yes 14694 No 22316 No 94 No 05340

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

FOUNTAIN VIEW AT FRIENDSHII	P VILLAGE SUNSET HILLS	<i>m</i>	(21.1) 250 5111		••
12777 POINTE DRIVE	MO (2127 1777	Telephone	(314) 270-7111	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63127-1757	Level of Care	ALF**	Bed Capacity	78 N-
Mailing Address 12777 POINTE DR SAINT LOUIS	MO 62127 1757	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63127-1757	Region 7		Facility Number	02703
FOUNTAINS OF WEST COUNTY A	AL, LLC THE				
15822 CLAYTON ROAD		Telephone	(636) 220-1660	Alzheimer's Unit	Yes
ELLISVILLE	MO 63011-2240	Level of Care	ALF**	<b>Bed Capacity</b>	80
Mailing Address 15822 CLAYTON Re	OAD	County	SAINT LOUIS C	DMH Licensed	No
ELLISVILLE	MO 63011-2240	Region 7		Facility Number	29435
FRIENDSHIP VILLAGE CHESTER	FIELD				
15201 OLIVE BLVD	RILLD	Telephone	(636) 532-1515	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-1810	Level of Care	ALF**	Bed Capacity	22
Mailing Address 15201 OLIVE BLVD		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-1810	Region 7		Facility Number	02715
		8			
FRIENDSHIP VILLAGE CHESTER	RFIELD				
15201 OLIVE BLVD		Telephone	(636) 532-1515	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-1810	Level of Care	SNF	Bed Capacity	99
Mailing Address 15201 OLIVE BLVD		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-1810	Region 7	Medicare/Medicaid	Facility Number	02715
FRIENDSHIP VILLAGE SUNSET H	HILLS				
12509 VILLAGE CIRCLE DRIVE		Telephone	(314) 842-6840	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1701	Level of Care	SNF	<b>Bed Capacity</b>	118
Mailing Address 12509 VILLAGE CIT	RCLE DR	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63127-1701	Region 7	Medicare/Medicaid	Facility Number	02703
CARDEN VIEW CARE CENTER A	T DOUGHERTY FERRY				
GARDEN VIEW CARE CENTER AT 13612 BIG BEND ROAD	T DOUGHERTY FERRY	Telephone	(636) 861-0500	Alzheimer's Unit	Yes
13612 BIG BEND ROAD		Telephone Level of Care	(636) 861-0500 SNF	Alzheimer's Unit Bed Capacity	Yes 120
13612 BIG BEND ROAD VALLEY PARK	MO 63088-1447	Level of Care	` ′	Alzheimer's Unit Bed Capacity DMH Licensed	Yes 120 No
13612 BIG BEND ROAD	MO 63088-1447	-	SNF	<b>Bed Capacity</b>	120
13612 BIG BEND ROAD VALLEY PARK <b>Mailing Address</b> 13612 BIG BEND RI VALLEY PARK	MO 63088-1447 D MO 63088-1447	Level of Care County	SNF SAINT LOUIS C	Bed Capacity DMH Licensed	120 No
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER O	MO 63088-1447 D MO 63088-1447 F CHESTERFIELD	Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	120 No 23101
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OF	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD	Level of Care County Region 7 Telephone	SNF SAINT LOUIS C Medicare/Medicaid (636) 537-3333	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	120 No 23101 Yes
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD	MO 63088-1447  D  MO 63088-1447  F CHESTERFIELD  WAY  MO 63017-1957	Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 23101 Yes 130
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY	Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 23101 Yes 130 No
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD	MO 63088-1447  D  MO 63088-1447  F CHESTERFIELD  WAY  MO 63017-1957	Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 23101 Yes 130
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY	Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 23101 Yes 130 No
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY	Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 23101 Yes 130 No
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RIVALLEY PARK GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD GARDEN VILLAS	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 23101 Yes 130 No 16409
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTER TOWN AND COUNTRY	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 23101 Yes 130 No 16409 No 30
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RIVALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTER TOWN AND COUNTRY  Mailing Address 13590 SOUTH OUTER TOWN AND COUNTRY  GARDEN VILLAS NORTH	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409 No 30 No 28978
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY  GARDEN VILLAS NORTH 4505 PARKER ROAD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  EWAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409 No 30 No 28978
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RIVALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTER TOWN AND COUNTRY GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  EWAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823  MO 63033-4268	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 23101 Yes 130 No 16409 No 30 No 28978
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY  GARDEN VILLAS NORTH 4505 PARKER ROAD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  EWAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823  MO 63033-4268	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	120 No 23101 Yes 130 No 16409 No 30 No 28978
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK Mailing Address 4505 PARKER ROAD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  EWAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823  MO 63033-4268  LD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	120 No 23101 Yes 130 No 16409 No 30 No 28978
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY  GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK Mailing Address 4505 PARKER ROAD BLACK JACK GARDEN VILLAS SOUTH	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  EWAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823  MO 63033-4268  LD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409 No 30 No 28978 No 70 No 28930
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY  GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK Mailing Address 4505 PARKER ROAD BLACK JACK GARDEN VILLAS SOUTH 13457 TESSON FERRY ROAD	MO 63088-1447  D MO 63088-1447  F CHESTERFIELD  WAY MO 63017-1957  LD POINTE PRKWY MO 63017-1957  MO 63017-5823  ER 40 ROAD MO 63017-5823  MO 63033-4268  D MO 63033-4268	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409 No 30 No 28978 No 70 No 28930
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIELD CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTETOWN AND COUNTRY GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK Mailing Address 4505 PARKER ROAD BLACK JACK GARDEN VILLAS SOUTH 13457 TESSON FERRY ROAD SAINT LOUIS	MO 63088-1447 D MO 63088-1447 F CHESTERFIELD WAY MO 63017-1957 LD POINTE PRKWY MO 63017-1957  MO 63017-5823 ER 40 ROAD MO 63017-5823  MO 63033-4268 D MO 63033-4268 MO 63128-4010	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101  Yes 130 No 16409  No 30 No 28978  No 70 No 28930
13612 BIG BEND ROAD VALLEY PARK Mailing Address 13612 BIG BEND RI VALLEY PARK  GARDEN VIEW CARE CENTER OF 1025 CHESTERFIELD POINTE PARK CHESTERFIELD Mailing Address 1025 CHESTERFIEL CHESTERFIELD  GARDEN VILLAS 13590 SOUTH OUTER 40 ROAD TOWN AND COUNTRY Mailing Address 13590 SOUTH OUTE TOWN AND COUNTRY  GARDEN VILLAS NORTH 4505 PARKER ROAD BLACK JACK Mailing Address 4505 PARKER ROAD BLACK JACK GARDEN VILLAS SOUTH 13457 TESSON FERRY ROAD	MO 63088-1447 D MO 63088-1447 F CHESTERFIELD WAY MO 63017-1957 LD POINTE PRKWY MO 63017-1957  MO 63017-5823 ER 40 ROAD MO 63017-5823  MO 63033-4268 D MO 63033-4268 MO 63128-4010	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 537-3333 SNF SAINT LOUIS C Medicare/Medicaid  (314) 434-2520 ALF SAINT LOUIS C  (314) 355-6100 ALF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	120 No 23101 Yes 130 No 16409 No 30 No 28978 No 70 No 28930

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GREEN PARK SENIOR LIVING CO	OMMUNITY				
9350 GREEN PARK ROAD		Telephone	(314) 845-0900	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63123-7211	Level of Care		Bed Capacity	188
Mailing Address 9350 GREEN PARK		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63123-7211	Region 7	Medicare/Medicaid	Facility Number	17565
GREEN VALLEY NURSING & REF	HABILITATION CENTER				
610 PRIGGE ROAD		Telephone	(314) 741-9393	Alzheimer's Unit	No
SAINT LOUIS	MO 63138-3543	Level of Care		Bed Capacity	150
Mailing Address 610 PRIGGE RD		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63138-3543	Region 7	Medicare/Medicaid	Facility Number	15265
		· ·			
HERITAGE CARE CENTER					
4401 NORTH HANLEY ROAD		Telephone	(314) 521-7471	Alzheimer's Unit	No
SAINT LOUIS	MO 63134-2710	Level of Care		Bed Capacity	120
Mailing Address 4401 NORTH HANI		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63134-2710	Region 7	Medicare/Medicaid	Facility Number	00411
IVY TERRACE AT GAMBRILL GA	ARDENS III				
1 STRECKER RD		Telephone	(636) 394-2992	Alzheimer's Unit	No
ELLISVILLE	MO 63011-1998	Level of Care	` /	Bed Capacity	32
Mailing Address 1 STRECKER RD		County	SAINT LOUIS C	DMH Licensed	No
ELLISVILLE	MO 63011-1998	Region 7	2	Facility Number	27903
		g		•	
JANE HOWELL STUPP APARTME	ENTS				
2443 PROUHET AVENUE		Telephone	(314) 890-7100	Alzheimer's Unit	No
OVERLAND	MO 63114-1946	Level of Care	RCF*	Bed Capacity	30
Mailing Address 2443 PROUHET AV	E	County	SAINT LOUIS C	DMH Licensed	Yes
OVERLAND	MO 63114-1946	Region 7		Facility Number	18369
LACLEDE COMMONS					
727 S LACLEDE STATION RD		Telephone	(314) 968-5570	Alzheimer's Unit	No
SAINT LOUIS	MO 63119-4911	Level of Care	, ,	Bed Capacity	172
Mailing Address 727 S LACLEDE ST		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63119-4911	Region 7	Simil Locis C	Facility Number	17713
		region ,			1,,10
LACLEDE COMMONS					
727 S LACLEDE STATION RD		Telephone	(314) 968-5570	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-4911	Level of Care	ALF**	Bed Capacity	70
Mailing Address 727 S LACLEDE ST	ATION RD	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63119-4911	Region 7		Facility Number	17713
LIFE CARE CENTER OF BRIDGE	FON				
12145 BRIDGETON SQUARE DRIVE		Telephone	(314) 298-7444	Alzheimer's Unit	No
BRIDGETON	MO 63044-2616	Level of Care		Bed Capacity	91
Mailing Address 12145 BRIDGETON		County	SAINT LOUIS C	DMH Licensed	No
BRIDGETON	MO 63044-2616	Region 7	Medicare/Medicaid	Facility Number	12141
BRIDGETOR	1410 03044-2010	Region 7	Medical e/Medicald	racinty Number	12141
LIFE CARE CENTER OF FLORISS	ANT				
1201 GARDEN PLAZA DRIVE		Telephone	(314) 831-3752	Alzheimer's Unit	No
FLORISSANT	MO 63033-2230	Level of Care	SNF	<b>Bed Capacity</b>	90
Mailing Address 1201 GARDEN PLA	ZA DRIVE	County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63033-2230	Region 7	Medicare/Medicaid	Facility Number	27146
LUTHERAN CONVALESCENT HO		m i i	(214) 060 5550	411.	• •
723 SOUTH LACLEDE STATION RO		Telephone	(314) 968-5570	Alzheimer's Unit	No 252
WEBSTER GROVES	MO 63119-4911	Level of Care		Bed Capacity	253 N=
Mailing Address 723 SOUTH LACLE		County	SAINT LOUIS C	DMH Licensed	No
WEBSTER GROVES	MO 63119-4911	Region 7	Medicare/Medicaid	Facility Number	04695

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LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS				
50 MERAMEC TRAIL DR		Telephone	(636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care		Bed Capacity	128
Mailing Address 50 MERAMEC TRA		County	SAINT LOUIS C	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7	Medicare/Medicaid	Facility Number	23643
LUTHERAN SENIOR SERVICES A	T MERAMEC BLUFFS				
50 MERAMEC TRAIL DR		Telephone	(636) 861-0600	Alzheimer's Unit	Yes
BALLWIN	MO 63021-3303	Level of Care	ALF**	Bed Capacity	100
Mailing Address 50 MERAMEC TRA	IL DR	County	SAINT LOUIS C	DMH Licensed	No
BALLWIN	MO 63021-3303	Region 7		<b>Facility Number</b>	23643
A LIEUTED AN GENTAD GEDVIAGEG	T DIGWINONE TERM LOS				
LUTHERAN SENIOR SERVICES A	T RICHMOND TERRACE	T-1	(214) (46, 9000	A 1-1:!- TT:4	N-
1633 LACLEDE STATION ROAD	MO (2117 2020	Telephone	(314) 646-8000	Alzheimer's Unit	No 99
SAINT LOUIS  Mailing Address 1622 LACLEDE ST.	MO 63117-2038	Level of Care		Bed Capacity	
Mailing Address 1633 LACLEDE STA SAINT LOUIS	MO 63117-2038	County	SAINT LOUIS C	DMH Licensed	Yes
SAINT LOUIS	MO 03117-2038	Region 7		Facility Number	22269
MANOR GROVE, INCORPORATE	D				
711 SOUTH KIRKWOOD ROAD		Telephone	(314) 965-0864	Alzheimer's Unit	No
KIRKWOOD	MO 63122-5928	Level of Care	SNF	<b>Bed Capacity</b>	117
Mailing Address 711 SOUTH KIRKW	OOD RD	County	SAINT LOUIS C	DMH Licensed	No
KIRKWOOD	MO 63122-5928	Region 7	Medicare/Medicaid	<b>Facility Number</b>	06038
MANOR CARE HEAT WAS CERVICE	a				
MANORCARE HEALTH SERVICE	S	TD 1 - 1	(21.4) 929 6555	A1 1	N
1200 GRAHAM ROAD	MO (2021 9015	Telephone	(314) 838-6555 SNF	Alzheimer's Unit	No 98
FLORISSANT  Mailing Address 1200 CRAHAM RD	MO 63031-8015	Level of Care		Bed Capacity	
Mailing Address 1200 GRAHAM RD FLORISSANT	MO 63031-8015	County	SAINT LOUIS C	DMH Licensed	No 00154
FLORISSANI	MO 03031-0013	Region 7	Medicare/Medicaid	Facility Number	00154
MARI DE VILLA RETIREMENT C	ENTER, INC				
13900 CLAYTON ROAD		Telephone	(636) 227-5347	Alzheimer's Unit	No
TOWN AND COUNTRY	MO 63017-8406	Level of Care	SNF	<b>Bed Capacity</b>	224
Mailing Address 13900 CLAYTON R	D	County	SAINT LOUIS C	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-8406	Region 7		<b>Facility Number</b>	05047
MADIZ TWANANANA					
MARK TWAIN MANOR 11988 MARK TWAIN LANE		Tolonhono	(214) 201 9240	Alzheimer's Unit	No
BRIDGETON	MO 63044-2825	Telephone Level of Care	(314) 291-8240 SNF	Bed Capacity	120
Mailing Address 11988 MARK TWA		County	SAINT LOUIS C	DMH Licensed	No
BRIDGETON	MO 63044-2825	Region 7	Medicare/Medicaid	Facility Number	08188
BRIDGETOR	1410 03044-2023	Region /	Medical e/Medicald	racinty Number	00100
MARY CULVER HOME, THE					
221 WEST WASHINGTON AVENUE		Telephone	(314) 966-6034	Alzheimer's Unit	No
KIRKWOOD	MO 63122-3916	Level of Care	ICF	<b>Bed Capacity</b>	28
Mailing Address 221 W WASHINGT	ON AVE	County	SAINT LOUIS C	DMH Licensed	No
KIRKWOOD	MO 63122-3916	Region 7		Facility Number	00592
MADY OUTEN AND MOTHED CE	NITED				
MARY, QUEEN AND MOTHER CE 7601 WATSON ROAD	NIER	Tolombono	(214) 061 2000	Alahaiman'a Unit	Yes
SHREWSBURY	MO 63119-5001	Telephone Level of Care	(314) 961-8000 SNF	Alzheimer's Unit	230
	MO 03119-3001			Bed Capacity	
Mailing Address 7601 WATSON RD SHREWSBURY	MO 63119-5001	County Pagion 7	SAINT LOUIS C	DMH Licensed Facility Number	No 05103
SINL WODOK I	1410 03117-3001	Region 7	Medicare/Medicaid	racinty Number	03103
MARYMOUNT MANOR					
313 AUGUSTINE ROAD		Telephone	(636) 938-6770	Alzheimer's Unit	No
EUREKA	MO 63025-1935	Level of Care	RCF*	<b>Bed Capacity</b>	100
Mailing Address PO BOX 600		County	SAINT LOUIS C	DMH Licensed	Yes
EUREKA	MO 63025-0600	Region 7		<b>Facility Number</b>	05117

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MARYMOUNT MANOR					
313 AUGUSTINE ROAD		Telephone	(636) 938-6770	Alzheimer's Unit	No
EUREKA	MO 63025-1935	Level of Care	SNF	Bed Capacity	174
Mailing Address PO BOX 600		County	SAINT LOUIS C	DMH Licensed	Yes
EUREKA	MO 63025-0600	Region 7	Medicare/Medicaid	Facility Number	05117
MASON MANOR					
12740 MASON MANOR		Telephone	(314) 576-6200	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-7350	Level of Care	` '	Bed Capacity	8
Mailing Address 12740 MASON MAN		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63141-7350	•	SAINT LOUIS C	Facility Number	
SAINI LOUIS	MO 03141-7330	Region 7		Facility Number	19861
MCKNIGHT PLACE ASSISTED LIV	VING				
THREE MCKNIGHT PL		Telephone	(314) 997-5333	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care	ALF**	<b>Bed Capacity</b>	120
Mailing Address THREE MCKNIGHT	ΓPL	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7		Facility Number	23542
MCKNIGHT PLACE EXTENDED C	CARE		(21 1) 002 2221		
TWO MCKNIGHT PL		Telephone	(314) 993-2221	Alzheimer's Unit	No
SAINT LOUIS	MO 63124-1900	Level of Care		Bed Capacity	125
Mailing Address TWO MCKNIGHT P		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63124-1900	Region 7	Medicare	Facility Number	18914
MERCY SKILLED NURSING CENT	ΓER				
12120 CONWAY ROAD		Telephone	(314) 251-6600	Alzheimer's Unit	No
SAINT LOUIS	MO 63141-8213	Level of Care		Bed Capacity	120
Mailing Address 12120 CONWAY RO		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63141-8213	Region 7	Medicare/Medicaid	Facility Number	14463
SIM (I EOOR)	110 03111 0213	Kegion ,	wiculcai c/wiculcaid	racinty ranner	14403
MOTHER OF GOOD COUNSEL HO	OME				
6825 NATURAL BRIDGE RD		Telephone	(314) 383-4765	Alzheimer's Unit	No
SAINT LOUIS	MO 63121-5314	Level of Care	SNF	<b>Bed Capacity</b>	114
Mailing Address 6825 NATURAL BR	IDGE RD	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63121-5314	Region 7		Facility Number	05568
MOTHER OF REDRETHAL HELD I	DECIDENCE INC				
MOTHER OF PERPETUAL HELP I	RESIDENCE, INC	Tolonhono	(214) 019 2260	Alahaiman'a Unit	Vac
7609 WATSON ROAD	MO (2110 5001	Telephone	(314) 918-2260	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-5001	Level of Care		Bed Capacity	160
Mailing Address 7609 WATSON RD	1.0 .0110 .001	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63119-5001	Region 7		Facility Number	21111
NAZARETH LIVING CENTER					
2 NAZARETH LN		Telephone	(314) 487-3950	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63129-7600	Level of Care	ALF**	Bed Capacity	150
Mailing Address 2 NAZARETH LN		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7		Facility Number	17458
		210g2VII			
NAZARETH LIVING CENTER					
2 NAZARETH LANE		Telephone	(314) 487-3950	Alzheimer's Unit	No
SAINT LOUIS	MO 63129-7600	Level of Care	SNF	<b>Bed Capacity</b>	140
Mailing Address 2 NAZARETH LN		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63129-7600	Region 7	Medicare/Medicaid	Facility Number	17458
NUCHEALTHCARE MARVIAND	несите				
NHC HEALTHCARE, MARYLAND	пенента	Tolombono	(214) 201 0121	Alzhoimen's Unit	Vac
2920 FEE FEE ROAD	MO 62042 1015	Telephone	(314) 291-0121	Alzheimer's Unit	Yes
MARYLAND HEIGHTS	MO 63043-1915	Level of Care		Bed Capacity	220 No.
Mailing Address 2920 FEE FEE RD	MO 630/3-1915	County  Pogion 7	SAINT LOUIS C	DMH Licensed	No

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Medicare/Medicaid

**Facility Number** 

08272

MO 63043-1915

MARYLAND HEIGHTS

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NHC HEALTHCARE, TOWN & CO	UNTRY				
13995 CLAYTON ROAD		Telephone	(636) 227-5070	Alzheimer's Unit	Yes
TOWN AND COUNTRY	MO 63017-8400	Level of Care		Bed Capacity	282
Mailing Address 13995 CLAYTON RI		County	SAINT LOUIS C	DMH Licensed	No
TOWN AND COUNTRY	MO 63017-8400	Region 7	Medicare/Medicaid	Facility Number	01508
NORMANDY NURSING CENTER					
7301 SAINT CHARLES ROCK ROAD		Telephone	(314) 862-0555	Alzheimer's Unit	No
SAINT LOUIS	MO 63133-1737	Level of Care	` '	Bed Capacity	116
Mailing Address 7301 SAINT CHARL		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63133-1737	Region 7	Medicare/Medicaid	Facility Number	01118
S/MVI LOCKS	NIO 03133 1737	Region /	Wieulcai e/Wieulcaiu	racinty rumber	01116
OAK KNOLL NURSING HOME					
37 N CLARK AVE		Telephone	(314) 521-7419	Alzheimer's Unit	No
FERGUSON	MO 63135-2323	Level of Care	SNF	<b>Bed Capacity</b>	43
Mailing Address 37 N CLARK AVE		County	SAINT LOUIS C	DMH Licensed	No
FERGUSON	MO 63135-2323	Region 7	Medicare/Medicaid	<b>Facility Number</b>	05864
OAK KNOLL NURSING HOME					
37 N CLARK AVE		Telephone	(314) 521-7419	Alzheimer's Unit	No
FERGUSON	MO 63135-2323	Level of Care		Bed Capacity	23
Mailing Address 37 N CLARK AVE		County	SAINT LOUIS C	DMH Licensed	No
FERGUSON	MO 63135-2323	Region 7		Facility Number	05864
OAKWOOD ESTATE NURSING AN	D DEHARII ITATION CENTED				
5303 BERMUDA DRIVE	D REHABILITATION CENTER	Telephone	(314) 385-0910	Alzheimer's Unit	Yes
NORMANDY	MO 63121-1407	Level of Care		Bed Capacity	126
Mailing Address 5303 BERMUDA DR		County	SAINT LOUIS C	DMH Licensed	No
NORMANDY	MO 63121-1407	Region 7	Medicare/Medicaid	Facility Number	01238
NORWANDT	WIO 03121-1407	Region /	Wieulcai e/Wieulcaiu	racinty rumber	01236
OASIS WEST					
1916 NEW JAMESTOWN ROAD		Telephone	(314) 741-3500	Alzheimer's Unit	No
SAINT LOUIS	MO 63138-1508	Level of Care	RCF	<b>Bed Capacity</b>	8
Mailing Address 1916 NEW JAMESTO	OWN ROAD	County	SAINT LOUIS C	DMH Licensed	Yes
SAINT LOUIS	MO 63138-1508	Region 7		<b>Facility Number</b>	26362
PARC PROVENCE					
605 COEUR DE VILLE DRIVE		Telephone	(314) 542-2500	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63141-6603	Level of Care		Bed Capacity	140
Mailing Address 605 COEUR DE VILI		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63141-6603	Region 7		Facility Number	24122
PARKWOOD SKILLED NURSING A	AND REHARII ITATION CENTER				
3201 PARKWOOD LANE	NO REHADILITATION CENTER	Telephone	(314) 291-5911	Alzheimer's Unit	No
MARYLAND HEIGHTS	MO 63043-1334	Level of Care		Bed Capacity	130
Mailing Address 3201 PARKWOOD L		County	SAINT LOUIS C	DMH Licensed	No
MARYLAND HEIGHTS	MO 63043-1334	Region 7	Medicare/Medicaid	Facility Number	02471
WI WILLIAM TIEIGHTS	110 03043 1334	Region /	Wieuicai e/Wieuicaiu	racinty rumber	02471
PEACE HAVEN ASSOCIATION					
12630 ROTT ROAD		Telephone	(314) 965-3833	Alzheimer's Unit	No
SAINT LOUIS	MO 63127-1214	Level of Care	ICF	<b>Bed Capacity</b>	42
Mailing Address 12630 ROTT RD		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63127-1214	Region 7		Facility Number	06369
	ALTH & REHABILITATION CENTER	*			
13700 OLD HALLS FERRY ROAD		Telephone	(314) 355-0760	Alzheimer's Unit	No
FLORISSANT	MO 63033-4109	Level of Care		Bed Capacity	120
Mailing Address 13700 OLD HALLS F	EERRY RD	County	SAINT LOUIS C	DMH Licensed	No

<sup>\*</sup> Licensed as a residential care facility II on August 27, 2006 and chooses to continue to meet all laws, rules, and regulations that were in place on August 27, 2006 for a residential care facility II. (Section 198.073.3 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

Medicare/Medicaid

**Facility Number** 

07440

MO 63033-4109

FLORISSANT

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<sup>\*\*</sup> Licensed as an assisted living facility (ALF), is required to meet all laws, rules, and regulations applicable to an ALF and chooses to accept or retain individuals with a physical, cognitive, or other condition that prevents them from safely evacuating the facility with minimal assistance, in accordance with Section 198.073.6 RSMo, as amended by S.B. 616 (93rd General Assembly, Second Regular Session (2006)).

PROVISION LIVING AT WEBSTER	GROVES				
45 EAST LOCKWOOD	MO	Telephone	(314) 918-7300	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63119-3050	Level of Care		Bed Capacity	90 N
Mailing Address 45 EAST LOCKWOO	עס MO 63119-3050	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63119-3030	Region 7		Facility Number	28242
QUARTERS AT DES PERES, THE					
13230 MANCHESTER ROAD		Telephone	(314) 821-2886	Alzheimer's Unit	Yes
DES PERES	MO 63131-1706	Level of Care	SNF	<b>Bed Capacity</b>	147
Mailing Address 13230 MANCHESTE	R ROAD	County	SAINT LOUIS C	DMH Licensed	No
DES PERES	MO 63131-1706	Region 7	Medicare/Medicaid	Facility Number	26726
DANCHO MANOD HEAL THEA	e delladii itation cented				
RANCHO MANOR HEALTHCARE 6 615 RANCHO LANE	& REHABILITATION CENTER	Telephone	(314) 839-2150	Alzheimer's Unit	No
FLORISSANT	MO 63031-1717	Level of Care	SNF	Bed Capacity	120
Mailing Address 615 RANCHO LN	WIO 03031-1717	County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63031-1717	Region 7	Medicare/Medicaid	Facility Number	02585
		region .	ivicalcul c/1vicalculu		02000
ROSEWOOD CARE CENTER OF ST	LOUIS				
11278 SCHUETZ ROAD		Telephone	(314) 991-4066	Alzheimer's Unit	No
SAINT LOUIS	MO 63146-4957	Level of Care		Bed Capacity	120
Mailing Address 11278 SCHUETZ RD		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63146-4957	Region 7	Medicare/Medicaid	Facility Number	16378
SABBATH MANOR					
3715 SAINT ANNS LANE		Telephone	(314) 383-3353	Alzheimer's Unit	No
NORMANDY	MO 63121-4813	Level of Care	` '	Bed Capacity	64
Mailing Address PO BOX 210840		County	SAINT LOUIS C	DMH Licensed	Yes
SAINT LOUIS	MO 63121-8840	Region 7		<b>Facility Number</b>	00371
		-			
SCHUETZ MANOR					
1706 SCHUETZ ROAD	MO	Telephone	(314) 989-1762	Alzheimer's Unit	Yes
SAINT LOUIS	MO 63146-4931	Level of Care		Bed Capacity	10 N
Mailing Address 1706 SCHUETZ RD	MO 62146 4021	County 7	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63146-4931	Region 7		Facility Number	23805
SIENNA HOUSE, INC					
1322 LEROY AVENUE		Telephone	(314) 721-1389	Alzheimer's Unit	No
SAINT LOUIS	MO 63133-1504	Level of Care	RCF	Bed Capacity	16
Mailing Address 1322 LEROY AVE		County	SAINT LOUIS C	DMH Licensed	Yes
SAINT LOUIS	MO 63133-1504	Region 7		Facility Number	07310
SOUTHVIEW ASSISTED LIVING					
9916 REAVIS ROAD		Telephone	(314) 544-4440	Alzheimer's Unit	Yes
AFFTON	MO 63123-5314	Level of Care	ALF**	Bed Capacity	116
Mailing Address 9916 REAVIS ROAD		County	SAINT LOUIS C	DMH Licensed	No
AFFTON	MO 63123-5314	Region 7	5111.11 20015 0	Facility Number	28446
		ingion -		•	
ST AGNES HOME					
10341 MANCHESTER ROAD		Telephone	(314) 965-7616	Alzheimer's Unit	No
KIRKWOOD	MO 63122-1520	Level of Care	ICF	Bed Capacity	150
Mailing Address 10341 MANCHESTE		County	SAINT LOUIS C	DMH Licensed	No
KIRKWOOD	MO 63122-1520	Region 7		Facility Number	07481
ST ANDREW'S ASSISTED LIVING	OF BRIDGETON				
11325 ST CHARLES ROCK ROAD		Telephone	(314) 209-1177	Alzheimer's Unit	No
BRIDGETON	MO 63044-2722	Level of Care		<b>Bed Capacity</b>	35
Mailing Address 11325 ST CHARLES	ROCK RD	County	SAINT LOUIS C	DMH Licensed	No
BRIDGETON	MO 63044-2722	Region 7		Facility Number	22810

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OT AND DEWIC AT ED ANGIG DI AG	E				
ST ANDREW'S AT FRANCIS PLAC 300 FORBY ROAD	<u>r</u>	Telephone	(636) 938-5151	Alzheimer's Unit	No
EUREKA	MO 63025-2321	Level of Care	SNF	Bed Capacity	120
Mailing Address 300 FORBY ROAD	WIO 03023-2321	County	SAINT LOUIS C	DMH Licensed	No
EUREKA	MO 63025-2321	Region 7	Medicare/Medicaid	Facility Number	06430
DEREIGI	110 03023 2321	Region /	Wedicare/Medicard	racinty Number	00+30
ST ANN ASSISTED LIVING CENTE	R				
10441 INTERNATIONAL PLAZA DRI	VE	Telephone	(314) 423-1254	Alzheimer's Unit	No
SAINT ANN	MO 63074-1805	Level of Care	ALF	<b>Bed Capacity</b>	40
Mailing Address 10441 INTERNATIO	NAL PLAZA DR	County	SAINT LOUIS C	DMH Licensed	No
SAINT ANN	MO 63074-1805	Region 7		Facility Number	21994
am 101111 N 1 2 2					
ST JOHNS PLACE		T 1 1	(214) 42 ( 2211		
3333 BROWN ROAD	MO (2114 4227	Telephone	(314) 426-2211	Alzheimer's Unit	No
SAINT LOUIS	MO 63114-4327	Level of Care		Bed Capacity	94 N-
Mailing Address 3333 BROWN RD	MO (2114 4227	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63114-4327	Region 7	Medicare/Medicaid	Facility Number	18454
ST LOUIS PLACE HEALTH & REH	ABILITATION				
2600 REDMAN ROAD		Telephone	(314) 355-8585	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-5863	Level of Care	SNF	Bed Capacity	120
Mailing Address 2600 REDMAN ROA	AD	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63136-5863	Region 7	Medicare/Medicaid	Facility Number	18697
		9		·	
ST SOPHIA HEALTH & REHABILI	TATION CENTER				
936 CHARBONIER ROAD		Telephone	(314) 831-4800	Alzheimer's Unit	No
FLORISSANT	MO 63031-5220	Level of Care	SNF	Bed Capacity	240
Mailing Address 936 CHARBONIER I		County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63031-5220	Region 7	Medicare/Medicaid	Facility Number	07631
STONEBRIDGE MARYLAND HEIG	HTS				
2963 DODDRIDGE AVENUE		Telephone	(314) 291-4557	Alzheimer's Unit	No
2963 DODDRIDGE AVENUE MARYLAND HEIGHTS	MO 63043-1736	Telephone Level of Care	(314) 291-4557 SNF	Alzheimer's Unit Bed Canacity	No 223
MARYLAND HEIGHTS	MO 63043-1736 AVE	Level of Care	SNF	<b>Bed Capacity</b>	223
	AVE	Level of Care County	SNF SAINT LOUIS C	Bed Capacity DMH Licensed	223 No
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A		Level of Care	SNF	<b>Bed Capacity</b>	223
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A	AVE	Level of Care County	SNF SAINT LOUIS C	Bed Capacity DMH Licensed	223 No
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A  MARYLAND HEIGHTS	AVE	Level of Care County	SNF SAINT LOUIS C	Bed Capacity DMH Licensed	223 No
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A  MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD	AVE	Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid (636) 536-3800	Bed Capacity DMH Licensed Facility Number	223 No 00855
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD	MO 63043-1736 MO 63017-5000	Level of Care County Region 7 Telephone	SNF SAINT LOUIS C Medicare/Medicaid (636) 536-3800	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855 Yes
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A  MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD	MO 63043-1736 MO 63017-5000	Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid (636) 536-3800 ICF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	223 No 00855 Yes 95
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD	MO 63043-1736  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid (636) 536-3800 ICF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855 Yes 95 No
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD	MO 63043-1736  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD	MO 63043-1736  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD  1880 CLARKSON ROAD CHESTERFIELD	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF**	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855 Yes 95 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD SUNRISE OF DES PERES	MO 63017-5000  MO 63017-5000  MO 63017-5000	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855 Yes 95 No 23767 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD SUNRISE OF DES PERES 13460 MANCHESTER ROAD	MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855 Yes 95 No 23767 No 23767
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES	MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	223 No 00855 Yes 95 No 23767 No 23767 Yes 102
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES Mailing Address 13460 MANCHESTE DES PERES	MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734  ER RD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	223 No 00855  Yes 95 No 23767  No 3 No 23767  Yes 102 No
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES Mailing Address 13460 MANCHESTE DES PERES SUNRISE ON CLAYTON	MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734  ER RD	Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C  (314) 965-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855  Yes 95 No 23767  No 3 No 23767  Yes 102 No 24242
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES Mailing Address 13460 MANCHESTE DES PERES  SUNRISE ON CLAYTON 7920 CLAYTON ROAD	MO 63043-1736  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734  ER RD  MO 63131-1734	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C  (314) 965-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855  Yes 95 No 23767  No 3 No 23767  Yes 102 No 24242  Yes
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES Mailing Address 13460 MANCHESTE DES PERES  SUNRISE ON CLAYTON 7920 CLAYTON ROAD RICHMOND HEIGHTS	MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734  ER RD	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C  (314) 965-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855  Yes 95 No 23767  No 3 No 23767  Yes 102 No 24242  Yes 90
MARYLAND HEIGHTS  Mailing Address 2963 DODDRIDGE A MARYLAND HEIGHTS  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF CHESTERFIELD 1880 CLARKSON ROAD CHESTERFIELD Mailing Address 1880 CLARKSON RI CHESTERFIELD  SUNRISE OF DES PERES 13460 MANCHESTER ROAD DES PERES Mailing Address 13460 MANCHESTE DES PERES  SUNRISE ON CLAYTON 7920 CLAYTON ROAD	MO 63043-1736  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63017-5000  MO 63131-1734  ER RD  MO 63131-1734	Level of Care County Region 7  Telephone Level of Care County Region 7	SNF SAINT LOUIS C Medicare/Medicaid  (636) 536-3800 ICF SAINT LOUIS C  (636) 536-3800 ALF** SAINT LOUIS C  (314) 965-3800 ICF SAINT LOUIS C	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	223 No 00855  Yes 95 No 23767  No 3 No 23767  Yes 102 No 24242  Yes

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SUNSET HILLS HEALTH AND REF	HABILITATION CENTER				
10954 KENNERLY ROAD		Telephone	(314) 843-4242	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-2018	Level of Care		Bed Capacity	167
Mailing Address 10954 KENNERLY F		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63128-2018	Region 7	Medicare/Medicaid	Facility Number	03182
SUBBEV PLACE STILIKE'S HOSP	ITAL SKILLED NURSING AND RCF				
14701 OLIVE BLVD	THAL SKILLED NORSHING AND KEP	Telephone	(314) 542-3300	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-2221	Level of Care		Bed Capacity	20
Mailing Address 14701 OLIVE BLVD		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-2221	Region 7	5.11.(1 20015 0	Facility Number	15467
		- Logion			10.07
SURREY PLACE ST LUKE'S HOSP	ITAL SKILLED NURSING AND RCF				
14701 OLIVE BLVD		Telephone	(314) 542-3300	Alzheimer's Unit	Yes
CHESTERFIELD	MO 63017-2221	Level of Care	SNF	Bed Capacity	120
Mailing Address 14701 OLIVE BLVD		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-2221	Region 7	Medicare/Medicaid	Facility Number	15467
CAN AN HOUSE					
SYLVAN HOUSE 30 SHERMAN ROAD		Tolombono	(214) 902 2212	Alahoimoula IInit	No
SAINT LOUIS	MO 63125-4125	Telephone	(314) 892-2212 RCF	Alzheimer's Unit	40
Mailing Address 30 SHERMAN RD	MO 03123-4123	Level of Care	SAINT LOUIS C	Bed Capacity DMH Licensed	Yes
SAINT LOUIS	MO 63125-4125	County Region 7	SAINT LOUIS C	Facility Number	
SAINI LOUIS	WIO 03123-4123	Region /		racinty Number	15078
TESSON HEIGHTS					
12335 WEST BEND DRIVE		Telephone	(314) 849-1366	Alzheimer's Unit	No
SAINT LOUIS	MO 63128-2160	Level of Care	ALF**	Bed Capacity	79
Mailing Address 12335 WEST BEND	DR	County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63128-2160	Region 7		<b>Facility Number</b>	13663
U-CITY FOREST MANOR					
1301 PARTRIDGE AVENUE		Telephone	(314) 862-5556	Alzheimer's Unit	No
SAINT LOUIS	MO 63130-1944	Level of Care		Bed Capacity	120
Mailing Address 1301 PARTRIDGE A		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63130-1944	Region 7	Medicare/Medicaid	Facility Number	15454
VALLEY - A STONEBRIDGE COM	MUNITY. THE				
6768 NORTH HIGHWAY 67		Telephone	(314) 741-9101	Alzheimer's Unit	No
FLORISSANT	MO 63034-2742	Level of Care	` '	Bed Capacity	120
Mailing Address 6768 NORTH HWY		County	SAINT LOUIS C	DMH Licensed	No
FLORISSANT	MO 63034-2742	Region 7	Medicare/Medicaid	Facility Number	14200
		Region	Wiedical C/Wiedicald		1 1200
VERONICA HOUSE					
12284 DEPAUL DRIVE		Telephone	(314) 209-8814	Alzheimer's Unit	No
BRIDGETON	MO 63044-2508	Level of Care	ALF**	<b>Bed Capacity</b>	100
Mailing Address 12284 DEPAUL DR		County	SAINT LOUIS C	DMH Licensed	No
BRIDGETON	MO 63044-2508	Region 7		Facility Number	22460
VIII A CE NODEN DETIDEMENT	AND THE ALTERIA CENTER				
VILLAGE NORTH RETIREMENT	AND HEALTH CENTER	m 1 1	(214) 255 9010	A11	NT-
11160 VILLAGE NORTH DRIVE	MO 62126 6150	Telephone	(314) 355-8010	Alzheimer's Unit	No
SAINT LOUIS	MO 63136-6159	Level of Care		Bed Capacity	60 No
Mailing Address 11160 VILLAGE NO		County	SAINT LOUIS C	DMH Licensed	No
SAINT LOUIS	MO 63136-6159	Region 7	Medicare/Medicaid	Facility Number	08300
WEST COUNTY CARE CENTER					
312 SOLLEY DRIVE		Telephone	(636) 391-0666	Alzheimer's Unit	No
BALLWIN	MO 63021-5248	Level of Care	` '	Bed Capacity	137
Mailing Address 312 SOLLEY DR		County	SAINT LOUIS C	DMH Licensed	No
BALLWIN	MO 63021-5248	Region 7	Medicare/Medicaid	Facility Number	04970
		Trobrom .			01770

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WESTCHESTER HOUSE, THE					
550 WHITE ROAD		Telephone	(314) 469-1200	Alzheimer's Unit	No
CHESTERFIELD	MO 63017-2316	Level of Care	SNF	Bed Capacity	159
Mailing Address 550 WHITE RD		County	SAINT LOUIS C	DMH Licensed	No
CHESTERFIELD	MO 63017-2316	Region 7	Medicare/Medicaid	Facility Number	08474
WESTVIEW AT ELLISVILLE ASS	SISTED LIVING				
27 REINKE RD		Telephone	(636) 527-5554	Alzheimer's Unit	Yes
ELLISVILLE	MO 63021-4734	Level of Care	ALF**	<b>Bed Capacity</b>	90
Mailing Address 27 REINKE RD		County	SAINT LOUIS C	DMH Licensed	No
ELLISVILLE	MO 63021-5554	Region 7		Facility Number	28184
	SAINTE (	GENEVIEVE			
COUNTRY HAVEN BOARDING H	OME - BUILDING I				
19235 STATE ROUTE EE		Telephone	(573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care	ALF	Bed Capacity	18
Mailing Address 19235 STATE ROU	TE EE	County	SAINTE GENEVI	DMH Licensed	Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2		Facility Number	11134
COLINEDA HA VEN DO ADDING H	OME BUILDING H				
COUNTRY HAVEN BOARDING H 19235 STATE ROUTE EE	OME - BUILDING II	Telephone	(573) 756-8141	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-8213	Level of Care	(373) 730-8141 ALF	Bed Capacity	18
Mailing Address 19235 STATE ROU		County	SAINTE GENEVI	DMH Licensed	Yes
SAINTE GENEVIEVE	MO 63670-8213	Region 2	SAINTE GENEVI	Facility Number	19721
SAMATE GENEVIEVE	WO 03070 0213	Region 2		racinty rumber	19721
MARIAN CLIFF MANOR					
381 ELM ST		Telephone	(573) 543-2218	Alzheimer's Unit	No
SAINT MARY	MO 63673-9330	Level of Care	RCF*	Bed Capacity	66
Mailing Address 381 ELM ST		County	SAINTE GENEVI	DMH Licensed	Yes
SAINT MARY	MO 63673-9330	Region 2		Facility Number	05058
PARKWOOD MEADOWS - ASSIST	TED LIVING BY AMERICARE				
805 PARKWOOD DRIVE		Telephone	(573) 883-3883	Alzheimer's Unit	Yes
SAINTE GENEVIEVE	MO 63670-1858	Level of Care	ALF**	Bed Capacity	60
Mailing Address 805 PARKWOOD I	DRIVE	County	SAINTE GENEVI	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-1858	Region 2		Facility Number	23234
	E AND REHABILITATION CENTE	n.			
21997 WHITE SANDS RD	E AND REHABILITATION CENTER	K Telephone	(573) 883-3454	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-8501	Level of Care	SNF	Bed Capacity	120
Mailing Address 21997 WHITE SAN		County	SAINTE GENEVI	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-8501	Region 2	Medicare/Medicaid	Facility Number	06729
		Region -	medical commentation		00,2
ST GENEVIEVE CARE CENTER,	INC				
1010 STE GENEVIEVE DRIVE		Telephone	(573) 883-5725	Alzheimer's Unit	No
SAINTE GENEVIEVE	MO 63670-1447	Level of Care	SNF	Bed Capacity	60
Mailing Address PO BOX 426		County	SAINTE GENEVI	DMH Licensed	No
SAINTE GENEVIEVE	MO 63670-0426	Region 2	Medicare/Medicaid	Facility Number	03254
	SA	LINE			
BIG BEND RETREAT					
620 NORTH EMMERSON		Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER	MO 65349-1157	Level of Care	RCF*	<b>Bed Capacity</b>	10
Mailing Address 620 NORTH EMMI	ERSON	County	SALINE	DMH Licensed	No
OT A TELEP	3.50 653.40 11.55			T	00

**Facility Number** 

00546

MO 65349-1157

SLATER

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BIG BEND RETREAT					
620 NORTH EMMERSON		Telephone	(660) 529-2237	Alzheimer's Unit	No
SLATER	MO 65349-1157	Level of Care	ICF	Bed Capacity	60
Mailing Address 620 NORTH EMMER	RSON	County	SALINE	DMH Licensed	No
SLATER	MO 65349-1157	Region 5		Facility Number	00546
GEORGIA BROWN BLOSSER HOM	IE FOR THE AGED	m. 1. 1.	(660) 006 5000		
1210 EAST EASTWOOD STREET	MO (5240 1510	Telephone	(660) 886-5020	Alzheimer's Unit	No
MARSHALL 1210 FAST FASTWO	MO 65340-1510	Level of Care	RCF	Bed Capacity	11 N-
Mailing Address 1210 EAST EASTWO MARSHALL	MO 65340-1510	County Region 5	SALINE	DMH Licensed Facility Number	No 00633
WARSHALL	WIO 03340-1310	Region 5		Facility Number	00033
GOLDEN OAKS, LLC					
27882 HIGHWAY H		Telephone	(660) 886-6172	Alzheimer's Unit	No
MARSHALL	MO 65340-5303	Level of Care	ALF	Bed Capacity	67
Mailing Address 27882 HIGHWAY H		County	SALINE	DMH Licensed	No
MARSHALL	MO 65340-5303	Region 5		Facility Number	15380
HARTLAND RESIDENTIAL CARE	CENTER				
23435 LADDER DRIVE	CENTER	Telephone	(660) 886-7093	Alzheimer's Unit	No
MARSHALL	MO 65340-4662	Level of Care	RCF	Bed Capacity	12
Mailing Address 23435 LADDER DRI		County	SALINE	DMH Licensed	No
MARSHALL	MO 65340-4662	Region 5	STEEL VE	Facility Number	15163
					10100
HIGHLAND HOME					
1325 SOUTH HIGHLAND COURT		Telephone	(660) 886-8675	Alzheimer's Unit	No
MARSHALL	MO 65340-3058	Level of Care	RCF	Bed Capacity	18
Mailing Address PO BOX 974		County	SALINE	DMH Licensed	No
MARSHALL	MO 65340-0974	Region 5		Facility Number	03558
LIVING CENTER, THE					
2506 LINDEN TREE PARKWAY		Telephone	(660) 886-9676	Alzheimer's Unit	Yes
MARSHALL	MO 65340-0017	Level of Care	SNF	Bed Capacity	99
Mailing Address PO BOX 370		County	SALINE	DMH Licensed	No
MARSHALL	MO 65340-0370	Region 5	Medicare/Medicaid	Facility Number	21791
MAR-SALINE MANOR CARE CENT	TER	(F) 1 1	(((0) 00/ 0047	A1 1	N.T.
809 EAST GORDON ST	MO (5240 2011	Telephone	(660) 886-2247	Alzheimer's Unit	No 92
MARSHALL  Mailing Address PO BOX 68	MO 65340-2811	Level of Care	SNF	Bed Capacity DMH Licensed	72
MARSHALL	MO 65340-0068	County Region 5	SALINE Medicare/Medicaid	Facility Number	No 04895
MARSHALL	WIO 03340-0000	Region 5	Medical e/Medicald	racinty Number	04093
ROYAL OAKS RESIDENCE					
507 EAST MARSHALL		Telephone	(660) 335-6500	Alzheimer's Unit	No
SWEET SPRINGS	MO 65351-9759	Level of Care	ALF	Bed Capacity	51
Mailing Address PO BOX 204		County	SALINE	DMH Licensed	Yes
SWEET SPRINGS	MO 65351-0204	Region 5		Facility Number	14953
SWEET SPRINGS VILLA					
518 E MARSHALL		Telephone	(660) 335-6391	Alzheimer's Unit	Yes
SWEET SPRINGS	MO 65351-9756	Level of Care	SNF	Bed Capacity	120
Mailing Address 518 E MARSHALL		County	SALINE	DMH Licensed	No
SWEET SPRINGS	MO 65351-9756	•	Medicare/Medicaid	Facility Number	05378
		J		·	
WESTPORT ESTATES - ASSISTED	LIVING BY AMERICARE	m	(240) 22		_=
904 APACHE DRIVE	150 57040 2000	Telephone	(660) 886-5500	Alzheimer's Unit	Yes
MARSHALL	MO 65340-2900	Level of Care	ALF**	Bed Capacity	52 N
Mailing Address 904 APACHE DR	MO 65240 2000	County	SALINE	DMH Licensed	No
MARSHALL	MO 65340-2900	Region 5		Facility Number	16202

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			SCHUY	LER			
SCHUYLER COUNTY NURSING HO	OME						
1306 US HIGHWAY 63				Telephone	(660) 766-2291	Alzheimer's Unit	No
QUEEN CITY	MO	63561-2003		Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 1306 US HIGHWAY	63			County	SCHUYLER	DMH Licensed	No
QUEEN CITY	MO	63561-2003		Region 5	Medicare/Medicaid	Facility Number	07004
			SCOTL	AND			
SCOTLAND COUNTY CARE CENT	ER						
434 E SIGLER AVENUE				Telephone	(660) 465-7221	Alzheimer's Unit	Yes
MEMPHIS	MO	63555-1714		Level of Care	SNF	<b>Bed Capacity</b>	96
Mailing Address 434 E SIGLER AVEN	IUE			County	SCOTLAND	DMH Licensed	No
MEMPHIS	MO	63555-1714		Region 5	Medicare/Medicaid	Facility Number	07013
SCOTLAND COUNTY RESIDENTIA	L TEI	RRACE					
434 E SIGLER AVENUE				Telephone	(660) 465-7221	Alzheimer's Unit	No
MEMPHIS	MO	63555-1718		Level of Care	RCF*	Bed Capacity	28
Mailing Address 434 E SIGLER AVE				County	SCOTLAND	DMH Licensed	No
MEMPHIS	MO	63555-1718		Region 5		Facility Number	07013
			SCO	ГТ			
BENCHMARK HEALTHCARE OF I	RAMSI	EY CREEK					
28601 US HIGHWAY 61				Telephone	(573) 264-1555	Alzheimer's Unit	No
SCOTT CITY	MO	63780-9143		Level of Care	ALF	<b>Bed Capacity</b>	24
Mailing Address 28601 US HWY 61				County	SCOTT	DMH Licensed	No
SCOTT CITY	MO	63780-9143		Region 2		Facility Number	25934
CHAFFEE NURSING CENTER							
12273 STATE HIGHWAY 77				Telephone	(573) 887-3615	Alzheimer's Unit	No
CHAFFEE	MO	63740-8219		Level of Care	SNF	<b>Bed Capacity</b>	71
Mailing Address PO BOX 68				County	SCOTT	DMH Licensed	No
CHAFFEE	MO	63740-0068		Region 2	Medicare/Medicaid	Facility Number	13652
CLEARVIEW NURSING CENTER							
430 SALCEDO ROAD				Telephone	(573) 471-2565	Alzheimer's Unit	No
SIKESTON	MO	63801-4802		Level of Care	SNF	<b>Bed Capacity</b>	98
Mailing Address PO BOX 707				County	SCOTT	DMH Licensed	No
SIKESTON	MO	63801-0707		Region 2	Medicare/Medicaid	Facility Number	19913
COLONIAL MANOR, LLC							
907 WEST MALONE STREET				Telephone	(573) 471-5541	Alzheimer's Unit	No
SIKESTON	MO	63801-2425		Level of Care	ALF	<b>Bed Capacity</b>	20
Mailing Address 907 WEST MALONE				County	SCOTT	DMH Licensed	Yes
SIKESTON	MO	63801-2425		Region 2		Facility Number	13255
GREEN MEADOWS RETIREMENT	ном	E					
411 NORTH KINGSHIGHWAY				Telephone	(573) 471-5503	Alzheimer's Unit	No
SIKESTON	MO	63801-		Level of Care	ALF	Bed Capacity	66
Mailing Address PO BOX 909				County	SCOTT	DMH Licensed	Yes
SIKESTON	МО	63801-0909		Region 2		Facility Number	03229
HUNTER ACRES CARING CENTER	₹						
628 NORTH WEST STREET				Telephone	(573) 471-7130	Alzheimer's Unit	Yes
SIKESTON		63801-4738		Level of Care	SNF	Bed Capacity	120
Mailing Address 628 NORTH WEST S	T			County	SCOTT	DMH Licensed	No

Medicare/Medicaid

**Facility Number** 

07345

MO 63801-4738

SIKESTON

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LA BONNE MAISON-ASSISTED LI	VING RV AMERICARE				
226 PLAZA DRIVE	VINO DI AMERICARE	Telephone	(573) 472-2546	Alzheimer's Unit	No
SIKESTON	MO 63801-5105	Level of Care	ALF**	Bed Capacity	26
Mailing Address 226 PLAZA DRIVE		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5105	Region 2		Facility Number	28804
MINER NURSING CENTER		(F) 1 1	(572) 471 7692	A1 1	NT
410 H ROAD SIKESTON	MO 63801-5350	Telephone Level of Care	(573) 471-7683 SNF	Alzheimer's Unit	No 70
	MO 03801-3330		SCOTT	Bed Capacity  DMH Licensed	No
Mailing Address PO BOX 430 SIKESTON	MO 63801-0430	County Region 2	Medicare/Medicaid	Facility Number	
SIKESTON	WO 03001-0430	Region 2	Medicare/Medicald	racinty Number	11496
SIKESTON CONVALESCENT CEN	TER				
103 KENNEDY DRIVE		Telephone	(573) 471-6900	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5126	Level of Care	SNF	<b>Bed Capacity</b>	120
Mailing Address 103 KENNEDY DR		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5126	Region 2	Medicare/Medicaid	Facility Number	07331
SUNSHINE VILLA					
2520 JAMES STREET		Telephone	(573) 264-2424	Alzheimer's Unit	No
SCOTT CITY	MO 63780-1219	Level of Care	ALF	Bed Capacity	20
Mailing Address 2520 JAMES ST	NO 03700 1217	County	SCOTT	DMH Licensed	Yes
SCOTT CITY	MO 63780-1219	Region 2	50011	Facility Number	07039
		110g.011			0,000
WESTRIDGE PLACE - ASSISTED I	LIVING BY AMERICARE				
539 NORTH WEST STREET		Telephone	(573) 471-6484	Alzheimer's Unit	Yes
SIKESTON	MO 63801-5443	Level of Care	ALF**	Bed Capacity	26
Mailing Address 539 NORTH WEST		County	SCOTT	DMH Licensed	No
SIKESTON	MO 63801-5443	Region 2		Facility Number	12693
	SHAN	INON			
DID CH VIEW NUDSING CENTER	SHAN	NON			
BIRCH VIEW NURSING CENTER	SHAM		(572) 202 2212	Alghoimon's Unit	No
RR 2, BOX 2215		Telephone	(573) 292-3212 SNE	Alzheimer's Unit	No 90
RR 2, BOX 2215 BIRCH TREE	<b>SHAN</b> MO 65438-9215	Telephone Level of Care	SNF	<b>Bed Capacity</b>	90
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215	MO 65438-9215	Telephone Level of Care County	SNF SHANNON	Bed Capacity DMH Licensed	90 No
RR 2, BOX 2215 BIRCH TREE		Telephone Level of Care	SNF	<b>Bed Capacity</b>	90
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215	MO 65438-9215	Telephone Level of Care County	SNF SHANNON	Bed Capacity DMH Licensed	90 No
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE	MO 65438-9215	Telephone Level of Care County	SNF SHANNON	Bed Capacity DMH Licensed	90 No
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215 BIRCH TREE HILLTOP HAVEN	MO 65438-9215	Telephone Level of Care County Region 2	SNF SHANNON Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number	90 No 00560
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215 BIRCH TREE HILLTOP HAVEN HCR 1, BOX 23F	MO 65438-9215 MO 65438-9215	Telephone Level of Care County Region 2 Telephone	SNF SHANNON Medicare/Medicaid (573) 226-5426	Bed Capacity DMH Licensed Facility Number Alzheimer's Unit	90 No 00560 No
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215 BIRCH TREE HILLTOP HAVEN HCR 1, BOX 23F EMINENCE	MO 65438-9215 MO 65438-9215	Telephone Level of Care County Region 2 Telephone Level of Care	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 00560 No 20
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215 BIRCH TREE HILLTOP HAVEN HCR 1, BOX 23F EMINENCE Mailing Address HCR 1, BOX 23F	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 00560 No 20 Yes
RR 2, BOX 2215 BIRCH TREE Mailing Address RR 2, BOX 2215 BIRCH TREE HILLTOP HAVEN HCR 1, BOX 23F EMINENCE Mailing Address HCR 1, BOX 23F	MO 65438-9215  MO 65438-9215  MO 65466-9702	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 00560 No 20 Yes
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF SHANNON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 00560 No 20 Yes 03615
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF SHANNON	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 00560 No 20 Yes 03615
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF SHANNON (660) 699-2118 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 00560 No 20 Yes 03615
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 00560 No 20 Yes 03615 No 60 No
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care	SNF SHANNON Medicare/Medicaid (573) 226-5426 RCF SHANNON (660) 699-2118 SNF	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	90 No 00560 No 20 Yes 03615
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST CLARENCE	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 00560 No 20 Yes 03615 No 60 No
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	90 No 00560 No 20 Yes 03615 No 60 No
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST CLARENCE  SALT RIVER COMMUNITY CARE	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County Region 5	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 00560 No 20 Yes 03615 No 60 No 01475
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST CLARENCE  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA ROAD	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE  MO 63437-1902	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County Region 5  Telephone	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 00560 No 20 Yes 03615 No 60 No 01475
RR 2, BOX 2215 BIRCH TREE  Mailing Address RR 2, BOX 2215 BIRCH TREE  HILLTOP HAVEN HCR 1, BOX 23F EMINENCE  Mailing Address HCR 1, BOX 23F EMINENCE  CLARENCE CARE CENTER 111 EAST ST CLARENCE  Mailing Address 111 EAST ST CLARENCE  SALT RIVER COMMUNITY CARE 142 SHELBY PLAZA ROAD SHELBINA	MO 65438-9215  MO 65438-9215  MO 65466-9702  MO 65466-9702  SHE  MO 63437-1902	Telephone Level of Care County Region 2  Telephone Level of Care County Region 2  LBY  Telephone Level of Care County Region 5  Telephone Level of Care	SNF SHANNON Medicare/Medicaid  (573) 226-5426 RCF SHANNON  (660) 699-2118 SNF SHELBY Medicare/Medicaid	Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	90 No 00560 No 20 Yes 03615 No 60 No 01475

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218 EAST SHELBINA AVENUE	MO (2469 4229	Telephone Level of Care	(573) 588-4115 ALF**	Alzheimer's Unit Bed Capacity	No 68
SHELBINA Mailing Address 218 EAST SHELBI	MO 63468-4328 NA AVE	County	SHELBY	DMH Licensed	No
SHELBINA	MO 63468-4328	Region 5	SHEEDT	Facility Number	18584
		STODDARD			1000.
ADVANCE ASSISTED LIVING					
252 PAYTON PLACE		Telephone	(573) 722-5200	Alzheimer's Unit	No
ADVANCE	MO 63730-7251	Level of Care	ALF	Bed Capacity	44
Mailing Address PO BOX 790		County	STODDARD	DMH Licensed	No
ADVANCE	MO 63730-0790	Region 2		Facility Number	28426
ADVANCE NURSING CENTER					
315 SOUTH TILLEY STREET		Telephone	(573) 722-3440	Alzheimer's Unit	No
ADVANCE	MO 63730-7230	Level of Care	SNF	<b>Bed Capacity</b>	70
Mailing Address 315 S TILLEY ST		County	STODDARD	DMH Licensed	No
ADVANCE	MO 63730-7230	Region 2	Medicare/Medicaid	Facility Number	11722
CENTRAL GARDENS					
302 NORTH ELM ST		Telephone	(573) 624-0011	Alzheimer's Unit	No
DEXTER	MO 63841-1773	Level of Care	RCF*	Bed Capacity	83
Mailing Address 302 N ELM ST	MO (2041 1772	County	STODDARD	DMH Licensed	No
DEXTER	MO 63841-1773	Region 2		Facility Number	18858
CROWLEY RIDGE CARE CENTE	R	m., .	(550) 604 5555		*7
1204 NORTH OUTER ROAD	MO (2041 0604	Telephone	(573) 624-5557	Alzheimer's Unit	Yes
DEXTER	MO 63841-8684	Level of Care	SNF	Bed Capacity	90 N
Mailing Address PO BOX 668 DEXTER	MO 63841-0668	County	STODDARD	DMH Licensed	No
		Region 2	Medicare/Medicaid	Facility Number	12667
CYPRESS POINT - SKILLED NUR 801 BAILIFF DRIVE	SING BY AMERICARE	Telephone	(573) 624-8908	Alzheimer's Unit	No
DEXTER	MO 63841-9500	Level of Care	SNF	Bed Capacity	72
Mailing Address 801 BAILIFF DR	WO 03041 7300	County	STODDARD	DMH Licensed	No
DEXTER DEXTER	MO 63841-9500	Region 2	Medicare/Medicaid	Facility Number	08315
ESSEX RESIDENTIAL CARE					
24898 STATE HIGHWAY AB		Telephone	(573) 568-5622	Alzheimer's Unit	No
ESSEX	MO 63846-8167	Level of Care	ALF	Bed Capacity	50
Mailing Address 24898 STATE HWY	Y AB	County	STODDARD	DMH Licensed	Yes
ESSEX	MO 63846-8167	Region 2		Facility Number	05088
GOLDEN LIVINGCENTER - BLOC	OMFIELD				
606 WEST MISSOURI ST		Telephone	(573) 568-2137	Alzheimer's Unit	No
BLOOMFIELD	MO 63825-9706	Level of Care	SNF	<b>Bed Capacity</b>	60
Mailing Address 606 WEST MISSOU	JRI ST	County	STODDARD	DMH Licensed	No
BLOOMFIELD	MO 63825-9706	Region 2	Medicare/Medicaid	Facility Number	00629
GOLDEN LIVINGCENTER - DEXT	ГЕК				
415 S CATALPA STREET		Telephone	(573) 624-7491	Alzheimer's Unit	No
DEXTER	MO 63841-2017	Level of Care	SNF	Bed Capacity	73
Mailing Address 415 S CATALPA ST		County	STODDARD	DMH Licensed	No
DEXTER	MO 63841-2017	Region 2	Medicare/Medicaid	Facility Number	02156

SHELBINA VILLA LIFECARE

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**** * * ******* * *** ******* * ***	CARPERA OF THE				
HILDA FUWELL'S RESIDENTIAL 17382 STATE HIGHWAY 25	CARE FACILITY	Tolonhono	(572) 569 2056	Alahoimon'a Unit	No
	MO (2941 0710	Telephone	(573) 568-2056	Alzheimer's Unit	No 20
DEXTER  Moiling Address 17292 STATE HWV	MO 63841-9710	Level of Care	RCF STODDARD	Bed Capacity DMH Licensed	20 Yes
Mailing Address 17382 STATE HWY DEXTER	MO 63841-9710	County  Dogion 2	STODDAKD	Facility Number	07863
DEATER	WO 03841-9/10	Region 2		Facility Number	07803
HOLLY RIDGE HEALTHCARE, IN	C				
13134 STATE HIGHWAY 25		Telephone	(573) 624-4433	Alzheimer's Unit	No
DEXTER	MO 63841-9740	Level of Care	ALF**	Bed Capacity	26
Mailing Address 13134 STATE HIGH	WAY 25	County	STODDARD	DMH Licensed	Yes
DEXTER	MO 63841-9740	Region 2		Facility Number	10128
MINGO RESIDENTIAL CARE FAC	II ITV				
24080 STATE HWY 51		Telephone	(573) 222-3086	Alzheimer's Unit	No
PUXICO	MO 63960-8114	Level of Care	RCF*	Bed Capacity	36
Mailing Address 24080 STATE HWY		County	STODDARD	DMH Licensed	Yes
PUXICO	MO 63960-8114	Region 2	STODEING	Facility Number	24959
remed	110 03,00 011	Region 2		racinty ramper	24737
PUXICO NURSING & REHABILIA	TION CENTER				
540 NORTH HIGHWAY 51		Telephone	(573) 222-3125	Alzheimer's Unit	No
PUXICO	MO 63960-9117	Level of Care	SNF	Bed Capacity	60
Mailing Address 540 NORTH HWY 5		County	STODDARD	DMH Licensed	No
PUXICO	MO 63960-9117	Region 2	Medicare/Medicaid	Facility Number	03163
WINCHESTER RESIDENTIAL CAR	RE. INC				
400 WINCHESTER DRIVE	Ε, Ε (Θ	Telephone	(573) 293-6705	Alzheimer's Unit	No
BERNIE	MO 63822-	Level of Care	RCF*	Bed Capacity	26
Mailing Address PO BOX 760		County	STODDARD	DMH Licensed	No
BERNIE	MO 63822-0760	Region 2	2-2	Facility Number	24912
BERNIE		Region 2		Facility Number	24912
BERNIE	MO 63822-0760	Region 2		Facility Number	24912
CRANE RESIDENTIAL CARE HOM	STO	Region 2		·	
CRANE RESIDENTIAL CARE HON 102 LILLIAN	STO.	Region 2  NE  Telephone	(417) 723-5900	Alzheimer's Unit	No
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE	STO	Region 2  NE  Telephone Level of Care	(417) 723-5900 RCF	Alzheimer's Unit Bed Capacity	No 30
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN	ME MO 65633-9103	Region 2  NE  Telephone Level of Care County	(417) 723-5900	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE	STO.	Region 2  NE  Telephone Level of Care	(417) 723-5900 RCF	Alzheimer's Unit Bed Capacity	No 30
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN	ME  MO 65633-9103  MO 65633-9103	Region 2  NE  Telephone Level of Care County	(417) 723-5900 RCF	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE	ME  MO 65633-9103  MO 65633-9103	Region 2  NE  Telephone Level of Care County	(417) 723-5900 RCF	Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE OZARK MOUNTAIN REGIONAL B	ME  MO 65633-9103  MO 65633-9103	Region 2  NE  Telephone Level of Care County Region 1	(417) 723-5900 RCF <b>STONE</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone	(417) 723-5900 RCF STONE (417) 723-5281	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care	(417) 723-5900 RCF STONE (417) 723-5281 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 Yes 01898 No 20
CRANE RESIDENTIAL CARE HOM 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 K AVENUE MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County	(417) 723-5900 RCF STONE (417) 723-5281 RCF*	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes 01898 No 20 No
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE OZARK MOUNTAIN REGIONAL E	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 K AVENUE MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898 No 20 No 09900
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 EALTHCARE CENTER	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898 No 20 No 09900
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARK CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE	ME  MO 65633-9103  MO 65633-9103  EALTHCARE CENTER  MO 65633-9317  KAVENUE  MO 65633-9317  EALTHCARE CENTER  MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 Yes 01898 No 20 No 09900
CRANE RESIDENTIAL CARE HOM 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE  OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE Mailing Address 509 MEADOWLARI	MO 65633-9103  MO 65633-9103  EALTHCARE CENTER  MO 65633-9317  KAVENUE  MO 65633-9317  EALTHCARE CENTER  MO 65633-9317  KAVENUE	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF STONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes 01898 No 20 No 09900 No 100 No
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARK CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE	ME  MO 65633-9103  MO 65633-9103  EALTHCARE CENTER  MO 65633-9317  KAVENUE  MO 65633-9317  EALTHCARE CENTER  MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity	No 30 Yes 01898 No 20 No 09900 No 100
CRANE RESIDENTIAL CARE HOM 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE  OZARK MOUNTAIN REGIONAL E 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE Mailing Address 509 MEADOWLARI	MO 65633-9103  MO 65633-9103  EALTHCARE CENTER  MO 65633-9317  KAVENUE  MO 65633-9317  EALTHCARE CENTER  MO 65633-9317  KAVENUE	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF STONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed	No 30 Yes 01898 No 20 No 09900 No 100 No
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE  Mailing Address 509 MEADOWLARI CRANE Mailing Address 509 MEADOWLARI CRANE  TABLEROCK HEALTHCARE 276 FOUNTAIN LANE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 KAVENUE MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF STONE Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898 No 20 No 09900 No 100 No 09900 Yes
CRANE RESIDENTIAL CARE HOM 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE  Mailing Address 509 MEADOWLARI CRANE  Mailing Address 509 MEADOWLARI CRANE  TABLEROCK HEALTHCARE 276 FOUNTAIN LANE KIMBERLING CITY	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 KAVENUE MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF STONE Medicare/Medicaid (417) 739-2481 SNF	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898  No 20 No 09900  No 100 No 09900  Yes 120
CRANE RESIDENTIAL CARE HON 102 LILLIAN CRANE Mailing Address 102 LILLIAN CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE Mailing Address 509 MEADOWLARI CRANE  OZARK MOUNTAIN REGIONAL H 509 MEADOWLARK AVENUE CRANE  Mailing Address 509 MEADOWLARI CRANE Mailing Address 509 MEADOWLARI CRANE  TABLEROCK HEALTHCARE 276 FOUNTAIN LANE	MO 65633-9103 MO 65633-9103 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 EALTHCARE CENTER MO 65633-9317 KAVENUE MO 65633-9317 KAVENUE MO 65633-9317	Region 2  NE  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1  Telephone Level of Care County Region 1	(417) 723-5900 RCF STONE (417) 723-5281 RCF* STONE (417) 723-5281 SNF STONE Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number  Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 30 Yes 01898 No 20 No 09900 No 100 No 09900 Yes

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Mailing Address 17996 BUSINESS 13	1O 65737-9663 1O 65737-9663	Telephone Level of Care County Region 1	(417) 272-6666 ALF** STONE	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 46 No 20615
	SULLI	VAN			
MILAN HEALTH CARE CENTER					
Mailing Address 52435 INFIRMARY RD	1O 63556-2874 1O 63556-2874	Telephone Level of Care County Region 5	(660) 265-4032 SNF SULLIVAN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 05418
ROLLING HILLS CARE FACILITY, LI	LC .				
Mailing Address 24583 HWY 5	1O 63556-2809 1O 63556-2809	Telephone Level of Care County Region 5	(660) 265-4391 RCF SULLIVAN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 9 Yes 19990
STOVER'S RESIDENTIAL CARE FACI	LITY				
Mailing Address 520 EAST 5TH STREET	1O 63556-1222 1O 63556-1222	Telephone Level of Care County Region 5	(660) 265-3262 RCF SULLIVAN	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 07709
	TANI	ΞY			
	2121 (2				
Mailing Address PO BOX 640	1O 65653-5132 1O 65653-0640	Telephone Level of Care County Region 1	(417) 546-6337 SNF TANEY Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 18870
GOLDEN LIVINGCENTER - BRANSON	1				
996 STATE HIGHWAY 248 BRANSON Mailing Address 996 STATE HWY 248	1O 65616-8154 1O 65616-8154	Telephone Level of Care County Region 1	(417) 334-6431 SNF TANEY Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 100 No 06810
LAKESIDE MOUNTAIN MANOR					
Mailing Address 238 HARMONY HEIGH	1O 65653-5533 TS 1O 65653-5533	Telephone Level of Care County Region 1	(417) 546-5595 RCF TANEY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 40 Yes 06232
LIFE ENHANCEMENT VILLAGE OF E	BRANSON				
Mailing Address 421 OAKRIDGE RD	1O 65771-9173 1O 65771-9173	Telephone Level of Care County Region 1	(417) 561-5395 RCF* TANEY	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 18 Yes 21270
MORNINGSIDE OF BRANSON					
Mailing Address 5351 GRETNA RD	1O 65616-7298	Telephone Level of Care County	(417) 334-3336 RCF TANEY	Alzheimer's Unit Bed Capacity DMH Licensed	No 104 No
BRANSON M	IO 65616-7298	Region 1		Facility Number	23683

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POINT LOOKOUT NURSING & REF	HAB	Talamba	(417) 224	4105 Al-L-:	V
11103 HISTORIC HIGHWAY 165 HOLLISTER	MO 65672-6239	Telepho Level of	* *		Yes 130
Mailing Address 11103 HISTORIC HW		County	TANEY	Bed Capacity DMH Licensed	No
HOLLISTER	MO 65672-6239	Region			12716
HOLLISTER	1410 03072-0237	Region	1 Wiedicai e/Wi	eulcalu Facility Number	12/10
SUMMERHOUSE					
2163 ROUND MOUNTAIN ROAD		Telepho	ne (417) 561-4	4544 Alzheimer's Unit	No
WALNUT SHADE	MO 65771-9155	Level of	Care RCF	Bed Capacity	7
Mailing Address 2163 ROUND MOUN		County	TANEY	DMH Licensed	No
WALNUT SHADE	MO 65771-9155	Region	1	Facility Number	19098
		TEXAS			
HOUSTON HOUSE					
1000 NORTH INDUSTRIAL DRIVE		Telepho	ne (417) 967-2	2527 Alzheimer's Unit	No
HOUSTON	MO 65483-9400	Level of	Care SNF	<b>Bed Capacity</b>	96
Mailing Address PO BOX 199		County	TEXAS	DMH Licensed	No
HOUSTON	MO 65483-0199	Region	1 Medicare/Me	edicaid Facility Number	10626
KABUL NURSING HOMES, INC					
1000 MAIN ST		Telepho	ne (417) 962-3	3713 Alzheimer's Unit	No
CABOOL	MO 65689-9125	Level of	Care SNF	Bed Capacity	99
Mailing Address 1000 MAIN ST		County	TEXAS	DMH Licensed	No
CABOOL	MO 65689-9125	Region	1 Medicare/Me	edicaid Facility Number	04085
I ANDMADE VILLA ALE					
LANDMARK VILLA ALF 1101 OZARK AVENUE		Tolombo	ne (417) 962-3	3700 <b>Alzheimer's Unit</b>	No
CABOOL	MO 65689-7362	Telepho Level of	` ′	Bed Capacity	44
Mailing Address 1101 OZARK AVE	WIO 03089-7302	County	TEXAS	DMH Licensed	Yes
CABOOL	MO 65689-7362	Region		Facility Number	04085
0.2002	65665 7562	Region	-	1 demog 1 (dimoet	01003
LICKING PARK MANOR					
209 HICKORY STREET		Telepho	` ′	2111 Alzheimer's Unit	No
LICKING	MO 65542-9847	Level of		Bed Capacity	60
Mailing Address 209 HICKORY ST		County	TEXAS	DMH Licensed	No
LICKING	MO 65542-9847	Region	1 Medicare/Me	edicaid Facility Number	07929
LICKING RESIDENTIAL CARE					
225 WEST HIGHWAY 32		Telepho	ne (573) 674-2	2207 Alzheimer's Unit	No
LICKING	MO 65542-9832	Level of	Care RCF*	<b>Bed Capacity</b>	34
Mailing Address 225 WEST HIGHWAY	Y 32	County	TEXAS	DMH Licensed	No
LICKING	MO 65542-9832	Region	1	Facility Number	24302
PINEVIEW HEIGHTS ALF					
515 GARST		Telepho	ne (417) 962-3	3713 Alzheimer's Unit	No
CABOOL	MO 65689-9139	Level of		Bed Capacity	16
Mailing Address 515 GARST		County	TEXAS	DMH Licensed	No
CABOOL	MO 65689-9139	Region		Facility Number	24668
		VERNON			
		VERMON			
BRISTOL MANOR OF NEVADA		m 1 ·	(417) 667	5700 All	N
401 EAST WALNUT	MO 64772 2457	Telepho			No
NEVADA	MO 64772-2457	Level of		Bed Capacity	12 Vas
Mailing Address 401 EAST WALNUT NEVADA	MO 64772-2457	County Region	VERNON 1	DMH Licensed Facility Number	Yes 18471
IL I ADA	1410 04//2-243/	Kegion	1	Facility Number	184/1

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CLARK CARE CENTER ONE					
CLARK CARE CENTER - ONE 1505 EAST ASHLAND ST		Telephone	(417) 667-3900	Alzheimer's Unit	No
NEVADA	MO 64772-4025	Level of Care	RCF*	Bed Capacity	38
Mailing Address 1505 EAST ASHLAN		County	VERNON	DMH Licensed	Yes
NEVADA	MO 64772-4025	Region 1	VERNON	Facility Number	20206
		region -			20200
JOE CLARK RESIDENTIAL CARE	HOME				
1495 EAST ASHLAND ST		Telephone	(417) 667-5000	Alzheimer's Unit	No
NEVADA	MO 64772-4016	Level of Care	ALF**	Bed Capacity	34
Mailing Address PO BOX 246		County	VERNON	DMH Licensed	No
NEVADA	MO 64772-0246	Region 1		Facility Number	23419
MEDICALODGES NEVADA					
1210 W ASHLAND ST		Telephone	(417) 667-5064	Alzheimer's Unit	No
NEVADA	MO 64772-1906	Level of Care	SNF	Bed Capacity	100
Mailing Address 1210 W ASHLAND S		County	VERNON	DMH Licensed	Yes
NEVADA	MO 64772-1906	Region 1	Medicare/Medicaid	Facility Number	05717
1.2 1.12.1	1110 011/2 1300	Region 1	Wiedical C/Wiedicald	1 deliley 1 deliles	03717
MOORE-FEW CARE CENTER					
901 SOUTH ADAMS		Telephone	(417) 448-3841	Alzheimer's Unit	No
NEVADA	MO 64772-3209	Level of Care	SNF	Bed Capacity	108
Mailing Address 901 SOUTH ADAMS	5	County	VERNON	DMH Licensed	No
NEVADA	MO 64772-3209	Region 1	Medicare/Medicaid	Facility Number	05703
MORNINGSIDE OF NEVADA					
640 EAST HIGHLAND		Telephone	(417) 667-3883	Alzheimer's Unit	No
NEVADA	MO 64772-1091	Level of Care	` '	Bed Capacity	37
Mailing Address 640 EAST HIGHLAN		County	VERNON	DMH Licensed	No
NEVADA	MO 64772-1091	Region 1	VERNON	Facility Number	23732
TE TIET	NIG 01772 1091	Region 1		1 delity 1 diliber	23132
NEVADA NURSING & REHAB					
700 EAST HIGHLAND AVENUE		Telephone	(417) 667-8889	Alzheimer's Unit	No
NEVADA	MO 64772-1025	Level of Care	SNF	Bed Capacity	68
Mailing Address 700 EAST HIGHLAN	ND AVE	County	VERNON	DMH Licensed	No
NEVADA	MO 64772-1025	Region 1	Medicare/Medicaid	Facility Number	18210
PAUL L & MARTHA BARONE CAR	DE CENTER				
2101 NORTH ASH ST	CENTER	Telephone	(417) 448-3999	Alzheimer's Unit	Yes
NEVADA	MO 64772-1082	Level of Care	` /	Bed Capacity	40
Mailing Address 2101 N ASH ST	1110 01172 1002	County	VERNON	DMH Licensed	No
NEVADA	MO 64772-1082	Region 1	Medicaid	Facility Number	16917
				·	
	WA	RREN			
BRISTOL MANOR OF WARRENTO	)N				
815 WOOLF ROAD		Telephone	(636) 456-1437	Alzheimer's Unit	No
WARRENTON	MO 63383-6184	Level of Care	RCF	Bed Capacity	12
Mailing Address 815 WOOLF RD		County	WARREN	DMH Licensed	No
WARRENTON	MO 63383-6184	Region 6		Facility Number	19954
		<b>.</b>		•	
OAK POINTE OF WARRENTON					
700 FORREST AVENUE		Telephone	(636) 456-6464	Alzheimer's Unit	Yes
WARRENTON	MO 63383-7040	Level of Care	ALF**	Bed Capacity	65
Mailing Address 700 FORREST AVE		County	WARREN	DMH Licensed	No
WARRENTON	MO 63383-7040	Region 6		Facility Number	25045

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Mailing Address 65 STATE HIGHWAY AA	O 63383-3301 O 63390-3301	Telephone Level of Care County Region 6	(636) 456-8700 SNF WARREN Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 120 No 02505			
WASHINGTON								
CHAPEL RIDGE LIVING CENTER 10109 RESTORATION CIRCLE MINERAL POINT MO Mailing Address PO BOX 534	O 63660-8538	Telephone Level of Care County	(573) 562-0303 ALF** WASHINGTON	Alzheimer's Unit Bed Capacity DMH Licensed	No 20 Yes			
PARK HILLS MO	0 63601-0534	Region 2		Facility Number	09270			
Mailing Address 1 GEORGIAN GARDENS	D 63664-1436 DR D 63664-1436	Telephone Level of Care County Region 2	(573) 438-6261 SNF WASHINGTON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	Yes 120 No 02830			
Mailing Address 307 S HWY 21	O 63664-9317 O 63664-9317	Telephone Level of Care County Region 2	(573) 438-3225 SNF WASHINGTON Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 90 No 21648			
Mailing Address 10462 AIRPORT RD	O 63660-9325 O 63660-9325	Telephone Level of Care County Region 2	(573) 438-4150 RCF* <b>WASHINGTON</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 20 Yes 10529			
	WAYN	NE .						
Mailing Address 2100 BARNES	ER  D 63957-1008  D 63957-1008	Telephone Level of Care County Region 2	(573) 223-4297 SNF WAYNE Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 91 No 01496			
Mailing Address PO BOX 108	LITATION, LLC  D 63944-0000  D 63944-0108	Telephone Level of Care County Region 2	(573) 224-3298 SNF WAYNE Medicare/Medicaid	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	NO 60 No 15550			
Mailing Address HC 2, BOX 2070	O 63966-9508 O 63966-9508	Telephone Level of Care County Region 2	(573) 222-8676 RCF* <b>WAYNE</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 27 Yes 23584			
Mailing Address 1610 BARNES STREET	O 63957-1003	Telephone Level of Care County Region 2	(573) 223-2032 RCF <b>WAYNE</b>	Alzheimer's Unit Bed Capacity DMH Licensed Facility Number	No 6 Yes 28535			

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WEBSTER						
COUNTRY MEADOW RETIREMENT	THOME LLC					
194 STATE HIGHWAY MM	THOME, LLC	Telephone	(417) 473-6740	Alzheimer's Unit	No	
NIANGUA	MO 65713-8411	Level of Care	RCF	Bed Capacity	10	
Mailing Address 194 STATE HWY MM	I	County	WEBSTER	DMH Licensed	Yes	
NIANGUA	MO 65713-8411	Region 1		Facility Number	13487	
GLENWOOD HEALTHCARE						
851 THOROUGHFARE		Telephone	(417) 935-2992	Alzheimer's Unit	No	
SEYMOUR	MO 65746-8767	Level of Care	SNF	<b>Bed Capacity</b>	60	
Mailing Address 851 THOROUGHFAR	E	County	WEBSTER	DMH Licensed	No	
SEYMOUR	MO 65746-8767	Region 1	Medicare/Medicaid	Facility Number	16944	
MARSHFIELD CARE CENTER						
800 SOUTH WHITE OAK		Telephone	(417) 859-3701	Alzheimer's Unit	No	
MARSHFIELD	MO 65706-2231	Level of Care	SNF	Bed Capacity	77	
Mailing Address 800 SOUTH WHITE O	OAK	County	WEBSTER	DMH Licensed	No	
MARSHFIELD	MO 65706-2231	Region 1	Medicare/Medicaid	Facility Number	18481	
MARSHFIELD PLACE, LLC						
820 SOUTH WHITE OAK ST		Telephone	(417) 859-3701	Alzheimer's Unit	No	
MARSHFIELD	MO 65706-2231	Level of Care	RCF*	Bed Capacity	40	
Mailing Address 820 SOUTH WHITE O		County	WEBSTER	DMH Licensed	Yes	
MARSHFIELD	MO 65706-2231	Region 1		Facility Number	20500	
WEBCO EAST						
1687 W. WASHINGTON ST.		Telephone	(417) 859-5144	Alzheimer's Unit	No	
MARSHFIELD	MO 65706-2325	Level of Care	RCF*	Bed Capacity	24	
Mailing Address 1687 W. WASHINGTO		County	WEBSTER	DMH Licensed	No	
MARSHFIELD	MO 65706-2325	Region 1		Facility Number	08405	
WEBCO MANOR		<i>m</i>	(415) 050 5144			
1687 W. WASHINGTON ST.	MO (570) 2225	Telephone	(417) 859-5144	Alzheimer's Unit	No 120	
MARSHFIELD	MO 65706-2325	Level of Care	SNF	Bed Capacity DMH Licensed	120 N-	
Mailing Address 1687 W. WASHINGTO MARSHFIELD	MO 65706-2325	County	WEBSTER	Facility Number	No	
MAKSHFIELD		Region 1	Medicare/Medicaid	Facility Number	08405	
	WOF	KTH				
ORILLA'S WAY						
1209 SOUTH HIGH STREET	110 (115)	Telephone	(660) 564-2204	Alzheimer's Unit	No	
GRANT CITY	MO 64456-	Level of Care	ALF**	Bed Capacity	37 N-	
Mailing Address PO BOX 56 GRANT CITY	MO 64456-0056	County	WORTH	DMH Licensed	No	
ORANI CII I	WO 04430-0030	Region 4		Facility Number	08591	
WORTH COUNTY CONVALESCENT	CENTER					
503 E 4TH ST		Telephone	(660) 564-3304	Alzheimer's Unit	No	
GRANT CITY	MO 64456-8363	Level of Care	SNF	Bed Capacity	50	
Mailing Address 503 E 4TH ST	MO (4456 0262	County	WORTH	DMH Licensed	No	
GRANT CITY	MO 64456-8363	Region 4	Medicare/Medicaid	Facility Number	08779	
WRIGHT						
AUTUMN OAKS CARING CENTER						
1310 HOVIS STREET		Telephone	(417) 926-5128	Alzheimer's Unit	Yes	
MOUNTAIN GROVE	MO 65711-1219	Level of Care	SNF	Bed Capacity	120	

MO 65711-1219

County

Region 1

Mailing Address 1310 HOVIS ST

MOUNTAIN GROVE

WRIGHT

Medicare/Medicaid

**DMH Licensed** 

**Facility Number** 

No

07970

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COUNTRY LIVING ASSIST	ED LIVING			
2820 NORTH MAIN STREET		<b>Telephone</b> (417) 926-1955	Alzheimer's Unit	No
MOUNTAIN GROVE	MO 65711-1403	Level of Care ALF	<b>Bed Capacity</b>	40
Mailing Address 2820 NORTH MAIN STREET		County WRIGHT	DMH Licensed	No
MOUNTAIN GROVE	MO 65711-1403	Region 1	<b>Facility Number</b>	27548
HADDWILLE CADE CENTER	an.			
HARTVILLE CARE CENTE	2R			
649 WEST ROLLA ST		<b>Telephone</b> (417) 741-6192	Alzheimer's Unit	No
HARTVILLE	MO 65667-8221	Level of Care SNF	<b>Bed Capacity</b>	60
Mailing Address 649 WEST ROLLA ST		County WRIGHT	DMH Licensed	No
HARTVILLE	MO 65667-8221	Region 1 Medicare/Medicai	d Facility Number	17946
ROCKY RIDGE MANOR				
3111 HIGHWAY A		<b>Telephone</b> (417) 924-8116	Alzheimer's Unit	No
MANSFIELD	MO 65704-8105	Level of Care SNF	<b>Bed Capacity</b>	65
Mailing Address 3111 HWY	A	County WRIGHT	DMH Licensed	No

Medicare/Medicaid

**Facility Number** 

04996

MO 65704-8105

MANSFIELD

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